GOVERNMENT OF THE VIRGIN ISLANDS
DEPARTMENT OF
EDUCATION
Office of Planning Research & Evaluation

St. Thomas: 1834 Kongens Gade, Charlotte Amalie
St. Thomas, U.S. Virgin Islands 00802-6746
Tel: (340) 774-0100 Ext. 8048

Student Enrollment Verification Form

Please complete this form and return it to the student for submission with his/her application for enrollment.
Alternatively, you may email the form on the student's behalf to pre@vide.vi

Student Information

First Name: _____ Middle Name: _____

Last Names: _____ Alternate Name: _____

Date of Birth: _____ Last 4 # of Social Security #: _____

Organization Information

Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Degree/Enrollment Information

Student ID: _____

Start Date of Enrollment: _____ End Date of Enrollment: _____

Name of Award: _____

Data Award Issued: _____ Date of Graduation: _____

Purpose Verification Detail

_____

Authorization

I authorize the release of the above information to the requested party for the purpose stated above

_____ _____

Student Signature Date