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**2010-2011**  
**Environmental Studies**  
**Post – Secondary**  
**Enrollment Verification**

The Enrollment Verification Form is required from students who have been selected to receive an award. This form is to be completed by your secondary institution's registrars' office and must be officiated with the secondary institution's stamp/seal. This form will only be accepted once you have begun your classes at your named secondary institution.

**TO BE COMPLETED BY THE STUDENT**

**This FORM must be completed AFTER the first day of class.**

Complete the Release of Information Section below, then sign and date in ink. Have the Registrar's office of your secondary institution complete the Enrollment Certification section below and mail this completed document to the address before or by the October 31, 2011 deadline.

Student Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Institution Name: \_\_\_\_\_

Institution City: \_\_\_\_\_ Institution State: \_\_\_\_\_

I grant permission to release all information regarding verification of enrolment or other application-relevant concerns to the scholarship grantors of the scholarship program, as deemed necessary by the North Country Conservancy. I also authorize the scholarship grantors to share this information for the purposes of evaluation, recruitment, public relations, or any other related activity.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**BE COMPLETED BY THE OFFICE OF THE REGISTRAR**

Complete the Enrollment Certification below and return to the students or mail this completed document to the address above by the **October 31, 2011 deadline.**

This form will be considered **INVALID** without official seal or institutions stamp.

**ENROLLMENT CERTIFICATION:**

Complete section only **AFTER** the term being verified has begun.

I certify that the above named student is currently enrolled a the above named institute for the term which begins \_\_\_\_ / \_\_\_\_ / \_\_\_\_ and ends on \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

Official Seal or Institute Stamp

\_\_\_\_\_  
 Signature & Title of Authorized Official

\_\_\_\_\_  
 Printed full name of Authorized Official

( ) \_\_\_\_\_ Today's Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_