



### ADDITIONAL AUTHORIZED SERVICE - EnrollmentVerify

The National Student Clearinghouse ("Clearinghouse") and the undersigned post-secondary educational institution ("Institution") agree to add the following to authorized services provided by the Clearinghouse:

#### Enrollment Reporting to Organizations Providing Student-Based Services

Organizations that provide insurance, credit, travel benefits, and other products and services based on an individual's status as an enrolled student, or employers seeking to employ enrolled students, may contact the Clearinghouse to verify an individual's enrollment. The Clearinghouse will provide updated enrollment information on behalf of the Institution provided that the requestor certifies that the student has applied for or received products, services, or employment that depends on verification of enrollment. Unless the requestor certifies that the individual has provided a signed and dated written consent to release the specified information, the Clearinghouse will release only information that the Institution has designated "directory information" under FERPA and that the student has not blocked from release.

The Clearinghouse will not charge the Institution to verify enrollment for organizations providing student-based services or employment and will waive its normal charges for processing Perkins and private loan enrollment verification forms so long as this service is authorized.

NATIONAL STUDENT CLEARINGHOUSE

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Ricardo D. Torres

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
President

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
www.studentclearinghouse.org

\_\_\_\_\_  
Institution

\_\_\_\_\_  
OPEID (leave blank if unknown)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email

#### **Your Service Implementation Contact**

If we should contact someone else at your institution other than the contract signee to initiate your service, please provide his/her name and contact information below.

\_\_\_\_\_  
Name (please print or type)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email