



**North Carolina Department of Commerce  
Division of Employment Security  
Unemployment Insurance  
Quality Control**



**Date:**

**SCHOOL REGISTRATION VERIFICATION**

Name Address Address2 City, State, Zip
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Batch No. \_\_\_\_\_

CLAIMANT'S NAME: \_\_\_\_\_

SS NO.: \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_

SCHOOL ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

1. STUDENT REGISTRATION DATE: \_\_\_\_\_

2. PROGRAM OF STUDY: \_\_\_\_\_

3. IS STUDENT IN GOOD STANDING ACADEMICALLY? ( ) NO ( ) YES

4. IF NOT WHY? \_\_\_\_\_

5. DAYS AND HOURS OF ATTENDANCE: \_\_\_\_\_

6. EXPECTED COMPLETION DATE: \_\_\_\_\_

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
SCHOOL REPRESENTATIVE SIGNATURE / TITLE DATE

\_\_\_\_\_  
INVESTIGATOR SIGNATURE DATE

PHONE: 919-707-1430, FAX: 919-857-1205  
MAIL TO: PO BOX 25903, RALEIGH NC 27690-8185

**Help us prevent UI Fraud!**  
Report Suspected UI Fraud Online at  
[des.nc.gov](http://des.nc.gov)