



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



Date:

SCHOOL REGISTRATION VERIFICATION

Name Address Address2 City, State, Zip

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

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Report Suspected UI Fraud Online at
des.nc.gov