



# ENROLLMENT VERIFICATION Request

Date Requested: \_\_\_\_\_

\*Birthdate: \_\_\_\_\_

Your social security number is confidential and, under a federal law called the Family Educational Rights & Privacy Act, the college will protect it from unauthorized use and/or disclosure. In compliance with state/ federal requirements, disclosure may be authorized for the purpose of state and federal financial aid, Hope/Lifetime Learning tax credits, academic transcripts, assessment or accountability research.

Requested By: \_\_\_\_\_

\*NAME

\_\_\_\_\_

STUDENT ID NUMBER

\_\_\_\_\_

\*SIGNATURE (Required to authorize release of records)

\_\_\_\_\_

\*PHONE #

\*LETTER TO: \_\_\_\_\_

(Street)

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

(City, State, Zip) (If not picked up within 2 wks after notification this paperwork will be mailed to students' address)

**TYPE OF VERIFICATION REQUESTED:**

**Mail**

**Pickup** (photo ID required)

Fill out attached enrollment verification form

Dates of Enrollment: **Quarter Requested** \_\_\_\_\_

Status:  Full or Half-time  # of Credit Hrs

Other: \_\_\_\_\_

**\*Required information. Incomplete forms will not be processed. Allow 7 working days to process.**