



Records Office use only: _____ Initial

Records Office

Enrollment Verification Request

Please Print

First Name: _____ MI _____ Last Name: _____

Student ID No _____

Address _____ Apt. Number _____

City _____ State _____ Zip code _____

Phone _____ E-mail _____

Select Term for Letter (Check any that apply): **Please Include** (Check any that apply):

<input type="checkbox"/>	Fall	20_____
<input type="checkbox"/>	Winter	20_____
<input type="checkbox"/>	Spring	20_____
<input type="checkbox"/>	Summer	20_____
<input type="checkbox"/>	Entire Enrollment History	

<input type="checkbox"/>	Letter
<input type="checkbox"/>	Schedule
<input type="checkbox"/>	College Stamp

Receipt Options (Select One):

Pick Up on : _____

Mail to: _____

Reason for Request:

- Childcare
 Public Aid
 Health Insurance
 Housing
 Employment
 Other (Explain) _____

Student Signature _____ Date _____