

Enrollment Verification Request

In accordance with the "Family Education Rights and Privacy Act of 1974", Public Law 93-380 (Education Amendment of 1974), enrollment verification cannot be released without a written request and signature from the student, except to certain authorized college officials.

Please Note: Please allow 10 working days for your request to be processed. Please fill in each section completely.

First	M.I.	Last	Student ID
Addres	SS		
	City	State	Zip
•		<i></i>	
Phone Number		Alternate Phone Number	
Reaso	n for Request:		
	☐ Student Loan Deferment		
	Health Insurance		
	Letter of Good Standing	j	
	College Transfer		
	Other		
Third p	party requesting informat	ion (if applicable)	
Name			
Addre	ss:		
Please		you are requesting verificat	
	iter Fall	Spring 20	
Samo	tor Fall		