



COLORADO COLLEGE
1 8 7 4

Verification of Enrollment

Student ID # _____ Date: _____

Name: _____

E-mail: _____ Telephone: _____

Please prepare a statement for my:

Loan Deferment

Automobile Insurance (Good Student Discount)

Health or Dental Insurance

Policyholder: _____ Policy #: _____

Company: _____

Other _____

I will pick it up when completed

Please send to my Worner Box

Mail to: _____

Fax #: _____ Attn: _____

Special Instructions: _____

Signature: _____

Taken By: _____