



Verification of Enrollment Request Form

(Processing generally takes a **minimum** of 2-3 business days)

Student Information

_____	_____
CC Student ID #	Student Name
_____	_____
Student Email	Worner Box #
_____	_____
Student Phone #	Date of Birth
_____	_____
Anticipated Graduation Month and Year	Class Rank

Please prepare a statement confirming the following information (select all that apply):

Enrollment Status

- Dates of Attendance
- Need adjunct credits included?
- Preregistered Semester
(Used for current & future semesters)
 - Fall
 - Spring

Current Address

- Worner Box
- Physical Address
- Home Address

Good Student Status

- Overall GPA
- Previous Semester's GPA

Additional Information

- Proof of Admission (Admitted but **not** enrolled students)
- AGD (currently enrolled students)
- Graduation Date (Alumni)

Request Information

Reason for Verification (e.g. loan deferment, insurance, ski pass, scholarship, etc.): _____

If for Insurance: _____ Auto _____ Health

Policy Holder Name _____ Policy # _____

Delivery Information

_____ I will pick up when completed (we will email you when ready)

_____ Please send to my Worner Box

_____ Mail to: _____

_____ Fax to # _____ Attn _____

Special Instructions: _____

Student Signature / Date