



Verification of Enrollment Request Form

(Email completed form to registrar@coloradocollege.edu. Processing generally takes a **minimum** of 2-3 business days)

Student Information

CC Student ID # _____ Student Name _____

Student's Preferred Pronouns (optional) _____ CC Box # _____

Student Phone # _____ Date of Birth _____

Anticipated Graduation Month and Year _____ Class Rank (please select one)

First-Yr Sophomore Junior Senior

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

- CC Box (prev. Worner)
- 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

Pick-Up (we will email you when it's ready or send to CC Box if not picked-up after 2 weeks)

Email to _____

Fax to # _____ Attn _____

Mail to: _____

Special Instructions: _____

_____/_____
Student Signature **Date**