



Request For Verification of Enrollment/Course Information

(48 hour notice required on requests – Subject to change during peak periods)

NOTE: CCBC DOES NOT FAX VERIFICATIONS DUE TO THE PRIVACY ACT (FERPA)

Please print all information.

Name _____ **Student ID #** _____

Address _____

City/State/Zip _____ **Phone No.** _____

Please choose one of the following

Letter Form Both Required

Please include the following verification information

GPA (grade point average)
 Other (explain) _____

_____ Please verify enrollment and credit status for:

(Year)

Term(s)/Year(s) Fall Winter Spring Summer

Please check only **one** of the following below

PLEASE MAIL TO

Name	Office Use Only
Office	
Address State/Zip	
	Date received in office _____
	Date Completed _____
	Completed By _____

I WILL PICK UP - 48 hours required (subject to change during peak periods)

Pick-Up Date _____

I authorize the release of the requested information.

HOLD _____ (staff initials)

Student's Signature

Date