



Enrollment Verification Form

Please Note:

1. All Enrollment Verification requests will take three business days to process from the date the request is received.
2. Enrollment Verification will be completed AFTER the last date to drop with a 100% refund for the term in which verification is requested.

Please provide the following personal contact information

CFCC ID # _____ or SS# _____

Name: _____
Last
First
MI
Maiden/former

Mailing Address: _____
Street / PO Box
City
State
Zip

Phone number: (____) _____ E-mail address: _____

What semester is verification requested for?

- Fall (August) 20____
 Spring (January) 20____
 Summer A/C (May) 20____
 Summer B (June) 20____

When did you apply/attend CFCC? _____ Other names attended under? _____
(Approximate Month/Year)

Please check the information that applies to your request:

_____ Specific form to be completed by CFCC (please attach to this form)

_____ Enrollment Verification Letter ONLY

_____ Enrollment Verification Letter and other Form (must be attached)

Do you want to pick up the form(s) Yes / No

Do you want CFCC to mail the form(s) Yes / No To: _____ Address on the form

_____ Address above

_____ Address indicated below

Please print **FULL** address clearly:
 To be used for **direct mailing** in window envelope
Mail form(s) to:

Other comments or specific instructions:

Third Party Pick-Up (optional). I authorize the person named below to pick-up my request (Third party's photo ID required).

Name: _____

_____ **Student Signature** (REQUIRED FOR PROCESSING) **Date**