



ENROLLMENT VERIFICATION REQUEST FORM

Records Office: 931-540-2581 FAX: 931-540-2830
1665 HAMPSHIRE PIKE, COLUMBIA, TN, 38401

BEFORE COMPLETING THIS FORM PLEASE READ THE FOLLOWING INFORMATION:

Unless a form is provided by the student, enrollment verifications are standard format and provide the following data:
Student's name, SS#, address, dates and status of each term enrolled (i.e. full time, part time, etc.)

*** The verification does NOT provide grades, GPA, or classes completed ***

*** Enrollment verifications will NOT be faxed ***

*** There is no charge for enrollment verifications ***

*** Please complete ALL items. Incomplete forms will experience a delay in processing ***

***Once received by the Records Office, there is a three working day turn around on ALL requests (including faxed requests) ***

***This form will NOT be processed if the student has an administrative hold or financial obligation to the college ***

1. Student's name (please print clearly): _____

2. Student's Date of Birth: _____

3. Student's Social Security Number: _____

4. Daytime phone number: *area code* (_____) _____

5. Student's signature _____

UNSIGNED REQUESTS WILL NOT BE PROCESSED!!

DATE

6. Please mail enrollment verification to:

Name of person, business, agency, etc.

Address 1 (please provide complete address)

Address 2 (please provide complete address)

City State Zip Code

OFFICE USE ONLY
<input type="checkbox"/> request completed
<input type="checkbox"/> request NOT completed/hold flag
form D-46 rev 4/09