

# ENROLLMENT VERIFICATION REQUEST

Cashiers Office . 4601 Mid Rivers Mall Drive .  
Cottleville, Mo 63376-2865 ● 636.922.8205



ID# 

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Student Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Last First MI

Former Name(s): \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Last First MI

Student Signature: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## HOW TO REQUEST AN ENROLLMENT VERIFICATION REQUEST

Order **in person** at the cashiers office (ADM 1117, 636.922.8232) - **OR** - Order by **mail**.

## ENROLLMENT VERIFICATION INSTRUCTIONS

1.  Send immediately (Allow 48-72 hours for processing) ..... **Number of Copies :** \_\_\_\_\_
2.  Student will pick up (Bring photo ID & allow 48-72 hours) ..... **Number of Copies :** \_\_\_\_\_
3.  Email (Unofficial) to \_\_\_\_\_ @ \_\_\_\_\_ ..... **Number of Copies :** \_\_\_\_\_
4.  Other : \_\_\_\_\_ **Number of Copies :** \_\_\_\_\_

## SEND REQUEST TO:

*If you are requesting an Enrollment Verification to be sent to more than one address, complete a separate form.*

Person or Office : \_\_\_\_\_

Name of School or Institution : \_\_\_\_\_

Street Address : \_\_\_\_\_

City : \_\_\_\_\_ State : \_\_\_\_\_ Zip Code : \_\_\_\_\_

All financial obligations to SCC must be fulfilled before information will be released. In compliance with the Family Educational Rights and Privacy Act of 1974, requests for release of information must be completed by the student.

Requests may take longer at the beginning and end of a semester. Your signature authorizes SCC to release the requested information. Requests that are not picked up within 30 days will be destroyed and need to be reordered.

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Business office Approval : Date \_\_\_\_\_ Initials \_\_\_\_\_ OD \_\_\_\_\_

For Office use only: