

Enrollment Verification Form

Name: _____ **Student ID or SSN:** _____
 (FIRST) (MIDDLE) (LAST)

Previous Name: _____ **Phone:** _____

Number of verifications: _____

Requested Semester of verification: Year 20__ Fall Spring Summer

Type of Verification:

- Official Enrollment Verifications (Cannot be released until after the 11th day of classes)
- Early Enrollment Verification (Released prior to 11th day of classes)

Delivery Method

<input type="checkbox"/> Pick-up Name: _____ <ul style="list-style-type: none"> If you wish to have another individual pick up your letter, you must list his or her name above Individual picking up request will be required to provide photo id. 	<input type="checkbox"/> Mail Name/Company: _____ Address: _____ _____
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In order for verifications to be released financial obligations to NWACC must be satisfied.

I give permission to NorthWest Arkansas Community College to release the requested letter as outlined above and understand the letter may contain non-directory information from my student record.

Student Signature: _____ **Date:** _____

(Proof of identification must be provided at time of submission. If mailing include copy of valid photo ID.)