



ENROLLMENT VERIFICATION REQUEST FORM

MAIL OR BRING FORM TO: Columbus State Community College
 550 East Spring Street
 Records and Registration Department
 Registration Windows
 Madison Hall, Room 201
 Columbus OH 43215

OR FAX TO: (614) 287-5117 **Attention: Verification**

PLEASE ALLOW TEN (10) BUSINESS DAYS FOR PROCESSING THIS REQUEST

COMPLETION OF ALL FIELDS IS REQUIRED FOR PROCESSING

STUDENT INFORMATION (PLEASE PRINT):

Date of request: ____/____/____

Name: _____
LAST FIRST MI

Address: _____ Apt. Number _____

City: _____ State: _____ ZIP Code: _____

Telephone Number (Daytime): (____) _____

CougarID Number: _____ OR Social Security Number: _____

Student Signature (Required): _____

QUARTER(S)/YEAR(S) TO BE VERIFIED:

Autumn _____ Winter _____ Spring _____ Summer _____

INFORMATION REQUESTED:

Number of credit hours enrolled Projected graduation date Program of study

Academic standing Other (Please explain): _____

FAX/MAIL/PICK-UP INSTRUCTIONS:

I will pick-up the verification. **Note: A photo ID is required for pick-up.**

Please fax verification to: (____) _____

Please mail verification to (Please print):

Name of Recipient: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

FOR OFFICE USE ONLY

Date received: ____/____/____

Date completed: ____/____/____

Completed by (Please print - Required): _____

Signature (Required): _____