



Enrollment Verification Letter Request

Complete this form to request that a letter be sent on your behalf to another person or entity.

Please indicate the reason for the letter:

Insurance Scholarship Employment Other _____

Please indicate the information that should be included in the letter:

- Full time or part time status
- Credit load by semester
- Academic standing (Good standing etc.)
- Semester start date
- Semester end date
- Home address
- Parents' names
- Other _____

Please indicate how you would like the letter sent:

- Email to me (will be sent to MLC email address)
- Email to someone else _____
- I will pick up from the Records Office
- Mail to:
 - Name _____
 - Street Address _____
 - City, State, Zip Code _____

Student name: _____ **Student ID # or last 4 of SSN:** _____
(please print)

Student signature: _____

Date: _____

SUBMIT FORM TO THE REGISTRAR (Records Office WCC 166)