



# 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 116)**