



ENROLLMENT VERIFICATIONS

Enrollment Verification will be completed AFTER the last date to drop with a 100 percent refund for the term in which verification is requested.

Contact Information

CF ID No.: _____ Social Security No.: _____

Legal Name: _____
Last First Middle (complete) Jr., etc.

Mailing Address: _____
Street / P.O. Box City State Zip Code

Telephone No.: () E-mail address: _____

Semester for which Verification is Requested?

Fall (August) 20 Spring (January) 20 Summer A or C (May) 20 Summer B (June) 20

When did you apply/attend CF? _____
Approximate MM/YY

Other names used at CF: _____

Check the information that applies to your request:

- Specific form to be completed by CF (please attach).
Enrollment Verification Letter ONLY.
Enrollment Verification Letter and other form(s) (must be attached).

Do you want to pick up the form(s)? Yes No

Do you want CF to mail the form(s)? Yes No

TO: Address on the attached form.
Address above.
Address below.

Third Party Pick-up (optional). I authorize the person named below to pick-up my request (Third party photo ID will be required).

To be used for direct mailing in window envelope. Please print FULL mailing address clearly.

Mail form(s) to:

Name: _____

Other comments or specific instructions:

Student Signature (Required)

Date