



## Enrollment Verification Request

### Please Print

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Last Four Digits of Social/ Student ID# \_\_\_\_\_

Daytime Phone Number (include area code) (\_\_\_\_) \_\_\_\_\_

- Check here if you wish to pick up the verification.
- Check here if verification is for insurance purposes.

Policy holder name: \_\_\_\_\_  
Policy holder SSN: \_\_\_\_\_

Fill out the section below only if you want the verification mailed.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I hereby grant permission for Temple College to release the information needed to enrollment verification.	
Students Signature _____	Date _____
ID checked by: _____	Date _____

**By submitting this form, you are hereby granting permission for Temple College to release the information needed for enrollment verification.**

**Request may take up to two (2) business days to process.**

Picked up by: \_\_\_\_\_ Date: \_\_\_\_\_

Mailed by: \_\_\_\_\_ Date: \_\_\_\_\_