



## Enrollment Verification Request

**Please Print**

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

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

Residency: \_\_\_\_\_

Semester: \_\_\_\_\_

Total Hours of Enrollment: \_\_\_\_\_

Total Tuition and Fees Billed: \_\_\_\_\_

Current Balance: \_\_\_\_\_

Signature: \_\_\_\_\_  
Director of Admissions and Records

Date: \_\_\_\_\_

Temple College Admissions and Records  
2600 S. 1<sup>st</sup> Street, Temple, TX 76504  
Fax (254) 298-8288  
Phone: (254) 298-8300

(College Seal)