



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. 1st Street, Temple, TX 76504
Fax (254) 298-8288
Phone: (254) 298-8300

(College Seal)