



Student ID/SSN: _____ Date _____

First Name Middle Name Last Name

Address Presently Enrolled? YES NO

City, State, Zip

Telephone Signature

Enrollment verification is requested for the following:

Full-time attendance from _____ to _____

Part-time attendance from _____ to _____

Other (please specify) _____

First Enrollment Term _____

Last Enrollment Term _____

This is to verify that as of _____ the above student is/was enrolled at Century College.

Century College Records Office Title

Verification letter is to be: Picked up Mailed
Please allow 72 hours for verification to be processed.

Send verification letter (s) to: (Please print clearly. Enter complete name and address.)
