Seminole Community College

Be yourself. Only better. SM

Enrollment Verification Request Form

OFFICE USE ONLY

Received Date: _____

Received By: _____

Processed Date: _____

Processed By: _____

Note: Enrollment Verification will be generated only for current and/or prior semesters/terms. The Registrar's Office will process this request after the close of "Late Registration and Add/Drop" for the semester/term that you have requested enrollment verification. Consult the "Academic Calendar" printed within the SCC Catalog or online at www.scc-fl.edu for the semester/term's "Late Registration and Add/Drop" closing date.

PLEASE PRINT LEGIBLY

Student ID: _____ Student SSN: _____

Name: _____

First Middle Last Former

This Enrollment Verification is for: (Check one.) **Number of Copies:** _____

☐ Fall ☐ Spring ☐ Summer ☐ Entire History

(Note: If you are requesting Enrollment Verification for the current term, processing will not start until after the Add/Drop Date of this current term: Date _____)

Enrollment Verification Type: (Check the appropriate box.)

☐ Student Inquiry ☐ Loan Inquiry: Attach Form

☐ Insurance Purpose: Attach Form ☐ Other (State reason):_____

Please enclose the original request form from the Institution.

(Check to include.)

☐ Anticipated Graduation Date: *Currently Enrolled Students Only*
(This process could take up to 10 business days.)

☐ GPA

☐ Florida Residency for Tuition Purpose Only

Please choose one method of delivery:

(All requests will be available for pick-up or faxed within five to seven business days.)

☐ **Will pick up: Date:** _____

☐ **Fax to: (_____)** _____ **Name:** _____

☐ **Mail to Address:** _____

_____

_____

_____ _____

Signature Enrollment Services will not process unsigned requests. Date

White - Enrollment Services Yellow - Student

Department of Enrollment Services and Technology
100 Weldon Blvd, Sanford, Florida 32773 I 407.708.2580 I Sanford/Lake Mary Fax: 407.708.2029 , Oviedo Fax: 407.971.5012 or 407.971.5019