



## Enrollment Verification Request

**Please Print**

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

Social Security Number \_\_\_\_\_

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

List the semesters you wish to have verified. \_\_\_\_\_

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 Austin Community College to release the information needed for enrollment verification.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ID checked by: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail completed form to: ACC Admissions & Records, P. O. Box 15306, Austin, TX 78761-5306. You may also fax a copy of this form to the ACC campus of your choice. **A copy of a photo I.D. must accompany your request.**

A & R Fax Numbers: Cypress Creek: 512-223-2048; Eastview: 512-223-5900; Highland Business Center: 512-223-7665; Northridge: 512-223-4651; Pinnacle: 512-223-8122; Rio Grande: 512-223-3444; Riverside: 512-223-6767; South Austin Campus: 512-223-9152; Round Rock: 512-223-0920

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

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