 COLUMBIA STATE COMMUNITY COLLEGE

ENROLLMENT VERIFICATION REQUEST FORM

Enrollment Services 931-540-2581   FAX: 931-560-4125
1665 HAMPSHIRE PIKE, COLUMBIA, TN, 38401

You may scan and email completed form to **processing@columbiastate.edu**

BEFORE COMPLETING THIS FORM PLEASE READ THE FOLLOWING INFORMATION:

Unless a form is provided by the student, enrollment verifications are standard format and provide the following data:
Student's name, ID#, address, dates and status of each term enrolled (i.e. full time, part time, etc.)

* The verification does NOT provide grades, GPA, or classes completed *
* Enrollment verifications will NOT be faxed *
* There is no charge for enrollment verifications *
* Please complete ALL items. Incomplete forms will experience a delay in processing *
*Once received, there is a three working day turn around on ALL requests (including faxed requests) *
*This form will NOT be processed if the student has an administrative hold or financial obligation to the college *

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1. Student's name (please print clearly): _____

2. Student's Date of Birth: _____

3. Student's ID Number: _____

4. Daytime phone number: *area code* (_____)_____

5. Student's signature _____
            UNSIGNED REQUESTS WILL NOT BE PROCESSED!!   **DATE**

6. Please mail enrollment verification to:

_____
Name of person, business, agency, etc.

_____
Address 1 (please provide complete address)

_____
Address 2 (please provide complete address)

_____
City   State   Zip Code

OFFICE USE ONLY
☐ request completed
☐ request NOT completed/hold flag
form D-46 rev 06/17