

Date Mailed/Faxed:

TCC Enrollment Verification Request (Revised 6/27/16)

Include legible copy of a valid Driver's License or Student ID

\Rightarrow	<u>Student Information</u> (Required)		
Nam	e:	CWID: T	
SSN	#(Required for loan deferments)	DOB: _	
Phor	ne: ()		
\Rightarrow	Semester and Year to be Verified:		
\Rightarrow	Please choose ONE option:		
	_I am requesting that the <u>attached</u> form be completed.		
	_I am requesting a letter of Admissions to Tulsa Community College.		
	_I am requesting a letter stating:		
	_I am requesting a Standard Verification Letter.		
	Includes:		
	 Enrollment Status (Full-time, Half-time, Less than Half-time) 		
	Beginning and Ending Dates of the Semester		
	Hours currently enrolled		
	Additional Information Requested:		
⇒ 	Pick up in person Mail: Attention to:		-
	Address	Ctoto	7in
	Address City Fax document to: () - Attention To:	State	Zip
	Third Party Authorization to Pickup: Please allow (name of party)		
	pick up my verification letter.		
	Note: Third party must provide Enrollment Services with a legible Photo I.D. to the where the request is submitted.		
	 Photo Identification is required for all pick up requests. Please allow at least 48 hours for processing. 		
\Rightarrow	Student Signature:		Date:
	It is the student's responsibility to verify that letters have been received when being sent via fax or mail. TCC is not responsi	ble for lost	or missing paperwork.
	Return completed form in person to any Enrollment Services Office or by mail or e-mail with a Pho- Include legible copy of a valid Driver's License or Student ID.	oto ID.	
	Mailing Address: Student Records and Completion Services Tulsa Community College 909 S. Boston Ave. Tulsa, OK 74119 E-mail: records@tulsacc.edu		
OF	FICE USE: Accepted by:		Date:

Date of Pickup: ___