



ENROLLMENT VERIFICATION REQUEST

OFFICE OF THE REGISTRAR
221 S QUARTERLINE ROAD, MUSKEGON, MI 49442
EMAIL: OFFICEOFTHEREGISTRAR@MUSKEGONCC.EDU
OFFICE TELEPHONE: 231-777-0310 FAX: 231-777-0209

Student Number	Date of Birth (mm/dd/yyyy)	Semester Being Requested	Last four numbers of Social Security	Date of Request (mm/dd/yyyy)
Student Name: Last	First	Middle	Previous Name Used	
Address:	City	State	Zip	Telephone
<input type="checkbox"/> I will pick-up (bring photo identification with you)	<input type="checkbox"/> Please include other documents attached			
<input type="checkbox"/> Mail to the recipient listed below	<input type="checkbox"/> fax with the number listed to the recipient below			
Recipient Name:				Fax to:
Address street:				
City:	State:	Zip:		
Student Signature _____		Date: _____		
Permission to release		mm/dd/yyyy		
Note: The Family Right and Privacy Act of 1974 prohibits the release of student records to a third party without the students written consent.				
Processed by and date: _____				