



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: _____ | | | | |