



Request for Verification of Enrollment

NAME: _____ DOB: ____ - ____ - ____ TSC ID: _____
(Please print)

ADDRESS: _____ PHONE Home: (____) ____ - _____
(Street)

(City) (State) (Zip Code) Work: (____) ____ - _____
_____ Cell: (____) ____ - _____

E-MAIL: _____

OTHER NAMES WHICH MAY APPEAR ON ACADEMIC RECORDS: _____

**I authorized Texas Southmost College to release the information indicated below:
(Check all that Applies)**

- Verify Current Semester Attending _____
Note: This request will not be processed until after the Official Record Date
- Verify status for specific Term(s) or Year (please indicate) _____
(Example: 2015/FA)
- Verify Degree(s) awarded: _____
(Example: AAS 12/2013)
- Verify first and last semester attended at TSC: _____
(Example: 2014/FA and 2015/SP)
- Verify the student's classification _____ Completed Hours
(Example: Freshmen)
- Verify that student applied but never attended any semester

Please MAIL my verification to the following address: _____

Please FAX my verification to: _____ ATTN: _____

Please have my verification ready for SELF PICK-UP.

STUDENT SIGNATURE: _____ DATE: _____

OFFICE OF ADMISSIONS USE ONLY

Received by: _____

DATE: _____