



Request for Verification of Enrollment

NAME: _____ **DOB:** ____ - ____ - ____ **TSC ID:** _____

(Please print)

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

(Street)

Work: (____) ____ - _____

(City) (State) (Zip Code)

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:** _____