

# COWLEY COUNTY COMMUNITY COLLEGE

## ENROLLMENT VERIFICATION or RELEASE OF INFORMATION

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
*MM* *DD* *YY* *Day Telephone* \_\_\_\_\_

\_\_\_\_\_  
*Last Name* *First Name* *MI* *Other Names*

\_\_\_\_\_  
*Street Address* *City* *State* *ZIP* \_\_\_\_\_

Are you currently enrolled at CCCC?  yes  no If no, when were you last enrolled?  Fall  Spring  Summer Year \_\_\_\_\_

Check box for semester(s) to be verified:  Fall  Spring  Summer Year \_\_\_\_\_  
Current semester enrollment verifications can be requested after classes have been in session for one week. Verification will not be completed for those students with financial obligations to CCCC.

For HEALTH INSURANCE please provide parent name & social security number for identification:

\_\_\_\_\_  
*Parent Name* *Parent Social Security Number* \_\_\_\_\_

Send my enrollment verification  
or release my G.P.A. or other information to: \_\_\_\_\_  
*Company Name or Representative*

\_\_\_\_\_  
*Street Address* *City* *State* *ZIP* \_\_\_\_\_

\_\_\_\_\_  
*Student's Signature (required)* Date \_\_\_\_\_  
*MM* *DD* *YY*