CONNECTICUT COLLEGE

REQUEST FOR ENROLLMENT VERIFICATION

STUDENT NAME_____   CAMPUS BOX_____

STUDENT CAMEL NUMBER _____   CLASS YEAR _____

PHONE NUMBER _____   DATE OF BIRTH _____
(just in case we need to contact you about your request)

Please check:

___ Enrollment for semester _____ (indicate semester/s)

___ Expected date of graduation

___ Graduation

___ Other _____

Address where verification form should be sent

_____

_____

_____

_____

Name of Requestor:_____

Signature of Requestor:_____

Date:

Submit completed form to Office of the Registrar via email, registrar@conncoll.edu, or fax (860)439-5421.