

VERIFICATION OF ENROLLMENT INFORMATION

Verifications of Enrollment are provided as follows:

_____ **Mailed** if you provide a self-addressed, stamped envelope with your request.

_____ **Picked up** between five to ten working days after the date you submitted it.
Identification will be required. If not picked up within thirty (30) days, your verification will be destroyed, and you will need to resubmit.

All students will be notified by email. Please check your Delta College student email for the status of your verification.

Verifications will be processed at the end of the Late Registration and Adjustment Period. (Refer to the Registration Calendar on our website, www.deltacollege.edu, for specific dates.) *Please note: This does not apply to Loan Deferments.*

VERIFICATION OF ENROLLMENT FORM

PRINT INFORMATION CLEARLY

DELTA I.D. # _____

STUDENTS NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

SIGNATURE: _____ DATE: _____

MAIL TO: _____

SEMESTER/YEAR BEING REQUESTED: FALL ___ SPRING ___ SUMMER ___ YEAR _____

PURPOSE OF REQUEST: MEDICAL/DENTAL INSURANCE ___
LOAN DEFERMENT ___ SCHOLARSHIP ___ CHILDCARE ___
GOOD STD INSURANCE ___ NON-ENROLLMENT ___
ACCEPTANCE LTR. ___ OTHER _____

For official use only

Verification Fee \$ _____

Received by: _____ Date _____