



# Request for Enrollment Verification

Fax Request to 205-856-8091 or email records@jeffersonstate.edu

Student Number

Date of Birth

FOR OFFICE USE ONLY			
Received:		Processed:	
Name:		Sent:	
			Initial:

Print \_\_\_\_\_ Full \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

Check One:

Insurance Form/Enrollment History

Enrollment Letter

If needed for other than current term, please specify:

Mail to: (Give complete address)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Note: All letters will be mailed. Forms requiring the College seal must be mailed directly to the requesting institution or agency.)

Signature \_\_\_\_\_

Date \_\_\_\_\_

Jefferson State does not discriminate on the basis of race, color, national origin, sex, disability, or age in its admissions, programs and services in compliance with Title VI and VII of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title IX of the Educational Amendments of 1972, and the Americans with Disabilities Act of 1990.