



WASHINGTON STATE
COMMUNITY COLLEGE

Enrollment Verification Request

Full Legal Name _____

Student ID Number _____ **Date of Birth** _____

Telephone Number _____

Permanent Address _____

Email Address _____

VERIFICATION OF (check all that apply):

Indicate the appropriate term you are requesting reclassification:

- Current Enrollment Status
- Enrollment History
- Cumulative GPA
- Anticipated Degree and Date
- Conferred Degree and Date
- Other _____

- Check to include Social Security Number
- Check to include embossed seal (items with embossed seal cannot be faxed)

Please include: _____

RECEIVING OPTIONS:

- Pick up on (allow 2 business days for processing) _____
- Fax – Number: _____ Attn: _____
- Mail to: _____

Student signature _____ **Date** _____

Please return completed form to the Records Office
710 Colegate Drive
Marietta, Ohio 45750
Fax: 740-568-1965
recordsoffice@wscc.edu

For Office Use: Date processed _____ by _____