



Enrollment Verification/Release Form

5675 South Academy Blvd
Campus Box C8
Colorado Springs, CO 80906-5498

Date _____

Name _____

Student ID _____ - _____ - _____ Semester _____

Telephone _____

Signature _____

Request must be signed by the student for processing to occur.

Choose one of the following:

Mail To:

Fax Number _____

Pick up Date _____

(Please allow **three business days** for processing)

Requests can be mailed to the above address or faxed to 719-502-2075

PLEASE NOTE: REQUESTS CANNOT BE PROCESSED PRIOR TO CURRENT DROP DATE!!

<u>Records</u>	<u>Financial Aid</u>
_____ C-CAP	_____ Dept. of Social Services
_____ Military	_____ Housing Authority
_____ Insurance	_____ Pikes Peak Work Force
_____ Other	_____ Other