

ADAMS STATE COLLEGE

C O L O R A D O

Great Stories Begin Here

REQUEST FOR VERIFICATION OF ENROLLMENT

Instructions: Please complete the information below and submit this form to:

Records Office
Adams State College
Alamosa, CO 81102

Fax: 719/587-7416
e-mail: ascrecords@adams.edu

I, _____ **Student ID Number:** _____,
(Please Print Name/ First, Middle, Last)

HEREBY REQUEST THAT THE ASC RECORDS OFFICE FURNISH VERIFICATION CONCERNING MY ENROLLMENT AT ADAMS STATE COLLEGE, AS REQUESTED BELOW:

PLEASE: MAIL _____ I WILL PICK UP _____ FAX TO: _____

SEMESTER(S) TO BE VERIFIED: _____
(ASC can only verify enrollment up to and including the current semester)

DATE I EXPECT TO GRADUATE: _____

PLEASE SEND TO:

Name of Person/Company _____

Attention of (optional): _____

Address: _____

City State Zip Code

SIGNED: _____ Date _____
(Student Signature Requested)

While a student signature is requested, it is not mandatory, as this information is considered directory information and can be released without student written consent. Please see the *ASC Student Handbook*, p.35 for a full description of student directory information.