

ENROLLMENT VERIFICATION

Complete the form and fax it to Clark State at 937-328-6097 or mail it to the Records and Registration Office.

Full Name _____
Last First Middle Maiden

Address _____

City,State,Zip _____

Social Security Number _____

Former Name(s) used at Clark State _____

Enrollment verification information that you are requesting, circle all that apply:

1. acknowledgement of current quarter registration status
2. anticipated date of degree completion
3. list all previous quarters of enrollment and status at Clark State
4. other, please list:

Address you would like the enrollment verification mailed to:

Your Signature _____ Date _____
required

Office use only:

Date received

Date processed

Processed by