

**CISCO COLLEGE  
REQUEST FOR ENROLLMENT VERIFICATION**

**Fax completed form to: 254-442-1449 or 325-692-2530**

**or**

**Email the completed form to tammi.wilson@cisco.edu or joy.raines@cisco.edu**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Semester: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Year \_\_\_\_\_ Other: \_\_\_\_\_

For verification of multiple semesters please request a transcript.

Student will pick up

To be mailed

Address to mail to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fax

Fax number: \_\_\_\_\_

Student signature \_\_\_\_\_

Employee use only:

Completed      Date: \_\_\_\_\_