



SOUTH LOUISIANA COMMUNITY COLLEGE
OFFICE OF THE REGISTRAR
337-521-8896 (Phone) / 262-2101 (Fax)

REQUEST FOR VERIFICATION OF STUDENT ENROLLMENT

Please provide the following information:

Name:

(First, Middle, Last)

(Student ID Number)

(Date of Birth)

(Expected Date of Graduation)

Mail to:

I HEREBY DIRECT SOUTH LOUISIANA COMMUNITY COLLEGE TO RELEASE VERIFICATION OF ENROLLMENT INFORMATION ON MY EDUCATIONAL RECORDS, PUBLIC OR PRIVATE, WITHIN THIS WRITTEN PERMISSION.

Signature: _____

Date: _____