



## Verification of Enrollment Request Form

Please complete this form and take it to the campus Records Office or mail/fax it to:

**Central Records**  
Southern WV Community and Technical College  
PO Box 2900  
Mount Gay, WV 25637  
Fax (304) 792-7056

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

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

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

**Semester to be Verified:** \_\_\_\_\_

**Degree Earned (if applicable):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please mail/fax my verification letter to the following:**

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

**Fax Number (\$3.00 fee required):** \_\_\_\_\_

***For Insurance Requests please provide the following information:***

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

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

Policy Number: \_\_\_\_\_

***NOTE: Please include any Special Instructions Below. Please allow one week for processing. It may take longer during peak registration or graduation times. There is a \$3.00 fee for faxing enrollment verifications.***

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