



## Enrollment Verification Request

**Please Print**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

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

List the semesters you wish to have verified. \_\_\_\_\_

Check here if you wish to pick up the verification.

Check here if verification is for insurance purposes.

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

Fill out the section below only if you want the verification mailed.

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I hereby grant permission for Frank Phillips College to release the information needed for enrollment verification.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail completed form to: Frank Phillips College, Admissions and Records, P.O. Box 5118, Borger, TX 79008 or fax this form to (806) 457-4225. You may also bring this form to the Admissions and Records office in the Classroom Learning Complex, Room 20.