

GRCC Enrollment Verification Request

Name _____ ID# or Last Four of SS# _____

Prior Name (if applicable) _____ Date of Birth _____

Signature _____ Phone Number _____

Are you providing a form to be completed or would you like us to draft a letter of verification?

- Form from (please attach) _____
- Letter addressed to "Whom it May Concern"
- Letter to the attention of (please provide) _____

If a letter, what is the verification request?

- Enrollment – current semester If not current semester, when? _____
- Graduation Never Attended

Method of Delivery:

- GRCC Email (automatic if a current GRCC student)
- Email (if not a current student) _____
- Fax # _____
- Pick Up (we will send an email to your GRCC email address when it is ready)
- Mail (provide address) _____

Please email the completed form to:
 studentrecords@grcc.edu, fax to (616) 234-4204, or mail to
 143 Bostwick Ave. NE, Grand Rapids, MI 49503

OFFICE USE ONLY

Verified by (initials) _____ Date _____

Processed by (initials) _____ Date _____