



ENROLLMENT VERIFICATION REQUEST

Return request to:
Calhoun Community College
Attn: Admissions/Records
PO Box 2216
Decatur, AL 35609
Fax: (256)306-2941
Email: admissions@calhoun.edu

Please allow 3 business days for processing. Enrollment Verification will be issued for current term only unless otherwise specified. Verifications will not be released until tuition/fees for that term has been paid in full.

Name: _____ C#: _____

Email: _____ Phone: (____) _____

Anticipated Graduation Term: Fall (December) Spring (May) Summer (August) 20_____

Please select **ONE** of the following:

Mail to: _____

Fax to: _____

Pick Up: Decatur Campus
(Circle ONE) Huntsville Campus

Special Instructions: _____
(Ex: attach Deferment Request)

Student Signature: _____ Date: _____

OFFICE USE ONLY

Received: _____ Processed: _____ Processed by: _____

Revised: 6/15