



ENROLLMENT VERIFICATION REQUEST

Please return request to:

Calhoun Community College. Attn: Admissions/Records
P.O. Box 2216 | Decatur, AL 35609
Fax: (256) 306-2941 | 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 have been paid in full.

Name: _____ Student ID # _____

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's Signature: _____

Date: _____

| |
|---------------------------------------|
| For Admissions Office Use Only |
| Received: _____ |
| Processed: _____ |
| Processed By: _____ |