SOUTH PLAINS COLLEGE ENROLLMENT VERIFICATION REQUEST FORM

Type in form, print, sign, and mail with a copy of your Driver's License to:

South Plains College Admissions and Records Office ATTN: Enrollment Verification 1401 South College Avenue Levelland, TX 79336

	Levelland, TX 7			
Enrollment Verifica	tions can not be issued	d before the Official Ce	ensus Date.	
Send Enrollment	Verification(s):			
Enrollment Veri	fication is for:			
assurance t	security number is being requested beca hat the correct student record is accessed mber will be governed by the Public Infor	d. The disclosure of such information is v	voluntary. Your disclosure of your social	
Lastname	Firstname	MI Maiden	Name/Previous Last Names	
Street Address or PO Box No	City	I I S	State Zip	
Email		Phone Number	Date of Birth	
Send verification to the Fax Number or I	Name and Address below:			
		Tape copy of		
		Driver's License		

Send verification to the Fax Number or Name and Address below:

South Plains College reserves the right to release enrollment verification to financial, medical, and educational institutions without the written consent of the student.

STUDENT'S	
SIGNATURE:	

DATE: _

FOR OFFICE USE ONLY

SC	ANN	ED:	YES	

NO

DATE RECEIVED:

PROCESSED BY:

here