

# GRCC Enrollment Verification Request

Name \_\_\_\_\_ ID# or Last Four of SS# \_\_\_\_\_

Prior Name (if applicable) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Signature \_\_\_\_\_ (please print and sign) 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:  
 registrars@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 \_\_\_\_\_