

**ROCK VALLEY COLLEGE
ENROLLMENT VERIFICATION REQUEST FORM**

STUDENT INFORMATION

Name: _____ Birth Date: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

I hereby give Rock Valley College authorization to release my information as listed below in order to verify my enrollment.

Student's signature Student ID Date

NOTE: For any enrollment requests for loan deferments, direct the loan holder to the National Student Clearinghouse at www.studentclearinghouse.org or (703) 742-4200.

VERIFICATION REQUEST (complete all sections)

1. Please verify the following semesters (check all that apply):

Spring 20 ____ Summer 20 ____ Fall 20 ____

2. Verification delivery method:

Pick up: Yes _____ No _____ (If selecting No, complete one of the delivery methods)

Fax to: _____

Attention: _____

Mail to: _____

Attention: _____