



COLLEGE of  
CENTRAL  
FLORIDA  
*-an equal opportunity college-*

## ENROLLMENT VERIFICATIONS

Enrollment verification will be completed AFTER the last date to drop with a 100 percent refund **for the semester in which verification is requested.**

### Contact Information

CF ID No.: \_\_\_\_\_ DOB: \_\_\_\_\_

Legal Name: \_\_\_\_\_  
Last First Middle (complete) Jr., etc.

Mailing Address: \_\_\_\_\_  
Street / P.O. Box City State Zip Code

Telephone No.: \_\_\_\_\_ Email: \_\_\_\_\_

### Semester for which verification is requested?

☐ Fall (August) 20\_\_ ☐ Spring (January) 20\_\_ ☐ Summer A or C (May) 20\_\_ ☐ Summer B (June) 20\_\_

When did you apply/attend CF? \_\_\_\_\_  
Approximate MM/YY

Other names used at CF: \_\_\_\_\_

### Check the information that applies to your request:

- ☐ Specific form to be completed by CF (please attach).  
☐ Enrollment Verification Letter ONLY.  
☐ Enrollment Verification Letter and other form(s) (must be attached).

Do you want to pick up the form(s)? ☐ Yes ☐ No

Do you want CF to mail the form(s)? ☐ Yes ☐ No TO: ☐ Address on the attached form.  
☐ Address above.  
☐ Address below.

- ☐ **Third Party Pick-up** (optional). I authorize the person named below to pick up my request (third party photo ID will be required).

For **direct mailing**, please print **FULL** mailing address clearly.

**Mail form(s) to:**

Name: \_\_\_\_\_

### Other comments or specific instructions:

Include zip code.

Student Signature (Required) \_\_\_\_\_

\_\_\_\_\_ Date