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.:** _____

**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

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