

ENROLLMENT VERIFICATION REQUEST
(RELEASE OF INFORMATION REQUEST FORM)

Records Office • Jackson State Community College • 2046 North Parkway • Jackson, TN 38301
Fax (731) 425-2653 • Phone (731) 425-2654

- ✓ Verification of enrollment request will not be honored until fees are paid or loan/financial aid confirmation has been made for the requested semester.
- ✓ We are unable to verify enrollment for **future** terms. (current & past terms only)
- ✓ Please allow 2 to 5 working days for processing.

Verification needed for: **Additional Request(s)/Comments:**

Year: _____
 Fall semester _____
 Spring semester _____
 Summer semester _____

I will pick up the completed letter or form(s)

Mail to: _____
(Name of Business)

(Office or Attention Person) / (Address)

(City) (State) (Zip)

Fax please: _____
(Name of Attention Person or Business)

(Fax number)

Anticipated Date of Graduation: _____
(Month & Year of Expected Graduation)

Student Name: _____
(Please print)

JSCC ID or SS#: _____ Date of Birth: _____

Signature: _____ Date: _____
(REQUIRED BY FEDERAL LAW)

❖ By signing I authorize Records Office Personnel at Jackson State Community College to release any information requested above.

Records Office use only:		
Date received: _____	Date processed: _____	By: _____