



Admissions and Registrars

Enrollment Verification Request

Please Print

Last Name _____ First Name _____ MI _____

Social Security Number _____ or Student ID _____

Daytime Phone _____

List the semester(s) you wish to have verified. _____

Check here if you wish to pick up the verification.

Check here if verification is for insurance purposes.

Check here if verification is to be faxed. Fax Number: _____

Policy holder name: _____ Policy holder SSN: _____

Fill out the section below only if you want the verification mailed.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

I hereby grant permission for Southwest Texas Junior College to release the information needed for enrollment verification.

Student's Signature: _____ Date: _____

To fax in form send to the following corresponding campus fax number:

Eagle Pass Campus: (830) 758-4110

Del Rio Campus: (830) 703-1565

Uvalde Campus: (830) 591-7396