

**MOHAVE COMMUNITY COLLEGE
REQUEST FOR ENROLLMENT VERIFICATION
OR LETTER OF ACCEPTANCE - SS FORM 44**



INSTRUCTIONS:

1. Complete this Enrollment Verification / Letter of Acceptance Request (complete a separate form per each request, per each address). This is not to be used for In School Deferments for student loans (use the Request for Enrollment Verification for Student Loan Deferments-Reg Form 08). Incomplete forms will not be processed. Print clearly and in blue or black ink. This form will be accepted in-person, by FAX or via mail to the following address (choose the most convenient campus).

Verifications Director of Student Services Mohave Community College 1971 Jagerson Ave. Kingman AZ 86409 Fax-928-757-0808	Verifications Director of Student Service-Distance Education Mohave Community College 1971 Jagerson Ave. Kingman AZ 86409 Fax-928-757-0859	Verifications Director of Student Services Mohave Community College 1977 Acoma Blvd, West Lake Havasu City AZ 86403 Fax-928-680-5955	Verifications Director of Student Services Mohave Community College 3400 Highway 95 Bullhead City AZ 86442 Fax-928-704-9460	Verifications Director of Student Services Mohave Community College P.O. Box 980 Colorado City AZ 86021 Fax-928-875-2831
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2. Allow a minimum of 3 to 5 business days after the receipt of this form for the processing of your request.
Mohave Community College makes no guarantees as to the timeliness of deliveries once picked up by the United States Postal Service. USPS delivery times may vary due to holidays and weekends, particularly during seasonal peaks. It is the student's responsibility to plan accordingly.

Please Print Clearly

Name _____ Former /Maiden Name(s) _____ Phone (____) _____

Social Security Number _____ and/or MCC Student ID Number _____ Date of Birth _____

Semester and Year Requiring Verification _____

Check what letter is needed

- ENROLMENT VERIFICATION LETTER or LETTER OF ACCEPTANCE or COMBINED LETTER
- Mail or FAX *(Include FAX number if requesting Letter to be FAXED.)*

Send To: Name _____
 Street Address/PO Box _____
 Apartment/Office Suite _____
 City / State / Zip Code _____
 FAX Number _____

Check any appropriate box(es). If you have a special request, mark & fill in the blank space below. The following information will not be provided unless checked below.

- SSN MCC ID NUMBER CUMULATIVE (Overall) GPA HOLD UNTIL AFTER ADD/DROP PERIOD
- OTHER _____

I request and give consent to Mohave Community College to release any item checked above as part of the Enrollment Verification or Letter of Acceptance I am soliciting. I am aware that if an item is not checked, it will not be included in my letter. I am also aware that it is my responsibility, not the responsibility of Mohave Community College, to inquire about what information is needed.

Student's Signature _____ Date _____

(Per FERPA, this request cannot be completed without the student's signature.)

NOTE: EVERY ENROLLMENT VERIFICATION IS UNIQUE. DIFFERENT COMPANIES REQUIRE DIFFERENT INFORMATION. IT IS THE STUDENT'S RESPONSIBILITY TO CONTACT THE COMPANY OR ORGANIZATION REQUESTING A VERIFICATION TO BE SURE OF WHAT THEY NEED. ENROLLMENT VERIFICATIONS REQUESTED PRIOR TO THE CURRENT SEMESTER'S ADD/DROP PERIOD WILL INCLUDE A DISCLAIMER ENCOURAGING ORGANIZATIONS TO REQUEST A SECOND LETTER AFTER THE ADD/DROP PERIOD TO CONFIRM STATUS HAS NOT CHANGED.