

**MOHAVE COMMUNITY COLLEGE  
REQUEST FOR ENROLLMENT VERIFICATION  
FOR STUDENT LOAN DEFERMENTS - REG FORM 08**



**INSTRUCTIONS:**

1. Complete this request (or you may print an In-School Deferment form from your lender's website and complete your required section and submit). All other Enrollment Verification requests (non- In School Deferment/student loan requests) require the Enrollment Verification or Letter of Acceptance-SS Form 44. Complete a separate form per each request, per each lender. **Incomplete forms will not be processed.** Print clearly and in blue or black ink. This form will be accepted in-person at your local Student Services Office, by FAX to (928) 692-3038 or via mail to the following address.

Student Loan Deferment Verification  
Office of the Registrar  
Mohave Community College  
1971 Jagerson Ave.  
Kingman AZ 86409

2. Allow a minimum of 10 business days after the receipt of this form in the Mohave Community College Registrar's Office for the processing of your request. Requests received after 3 p.m. (AZ time) will be dated as received the following business day.

*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 \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Semester and Year Requiring Verification \_\_\_\_\_

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 \_\_\_\_\_

If you have a special request, mark & fill in the blank space below.

OTHER \_\_\_\_\_

I request and give consent to Mohave Community College to release my information as part of the Enrollment Verification I am soliciting. I am 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.**