

Curriculum Transcript Enrollment Verification Form

Registrar's Office

447 College Drive • Sylva, North Carolina 28779 • 828.339.4219 • Fax 828.339.4444 • registrar@southwesterncc.edu

Telephone: (Cell) (Home) (Work)	SSN or Student II	D #:		Date of Birth:	
Email Address: Telephone: (Cell)	Name:				
Telephone: (Cell) (Home) (Work)		(First)	(Middle)	(Former name, if different while attending SCC.)	
Complete only if attendance is prior to 1985. Dates of Attendance: / to /	Email Address:			<u></u>	
Dates of Attendance: / to / to /	Telephone: (Cell)_		(Home)	(Work)	
TRANSCRIPTS (Complete name and mailing address always required.) Official transcripts and/or enrollment verifications will not be released for students who are indebted to the college. Fax (Please confirm recipient accepts faxes)	Complete only if att	endance is prior to 1985.)			
Official transcripts and/or enrollment verifications will not be released for students who are indebted to the college. Fax (Please confirm recipient accepts faxes) (Please list fax number as recipient address) (City State Zip) Pick Up # (After 24-hour notice)	Dates of Attendand				
Proof of Enrollment weight accepted to the college. Fax (Please confirm recipient accepts faxes)	TRANSCRIPT	S (Complete name and mail	ling address always required.)		
### Alling Address 2 Fax (Please confirm recipient accepts faxes)	- Official tra	nscripts and/or			
indebted to the college. Fax (Please confirm recipient accepts faxes)	enrollment veri	fications will not be	Name of Recipient #1		
Fax (Please confirm recipient accepts faxes) (Please list fax number as recipient address)	released for s indebted	students who are to the college.	Mailing Address 1		
City State Zip Pick Up # (After 24-hour notice) ail: Name of Recipient #2 Mailling Address 1 Mailling Address 2 City State Zip This letter is for insurance companies that require students to submit a letter for proof of enrollment in order to maintain insurance coverage. We cannot verify enrollment until the term begins. Mailling Address Fax #			Mailing Address 2		
Pick Up # (After 24-hour notice) ail: Name of Recipient #2 Mailing Address 1 Mailing Address 2 End of Current Semester # City State Zip PROOF OF ENROLLMENT LETTER This letter is for insurance companies that require students to submit a letter for proof of enrollment in order to maintain insurance coverage. We cannot verify enrollment until the term begins. Mailing Address Fax #					
After this Semester Commencement # PROOF OF ENROLLMENT LETTER This letter is for insurance companies that require students to submit a letter for proof of enrollment in order to maintain insurance coverage. Wailing Address 2 City State Zip This letter is for insurance companies that require students to submit a letter for proof of enrollment in order to maintain insurance coverage. We cannot verify enrollment until the term begins. Mailing Address Mailing Address	☐ Pick Up # (Af	ter 24-hour notice)	City State Zip		
□ Now #		o. 2 ·	Name of Recipient #2		
□ End of Current Semester # After this Semester Commencement # (May take up to 2-3 weeks) PROOF OF ENROLLMENT LETTER This letter is for insurance companies that require students to submit a letter for proof of enrollment in order to maintain insurance coverage. We cannot verify enrollment until the term begins. □ Mail Name □ Fax #	ail:				
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		00			
City State Zip				 Fax #	
	City State Zip			_	
	SIGNATURE R	EQUIRED ———			

The Registrar's Office will make every effort to comply with your request within seven working days after receipt. Transcript requests for the current term and after graduation will be processed as soon as all grades are received and/or diplomas conferred.