



Muskegon Community College

# ENROLLMENT VERIFICATION REQUEST

OFFICE OF THE REGISTRAR  
221 S QUARTERLINE ROAD, MUSKEGON, MI 49442  
EMAIL: [OFFICEOFTHEREGISTRAR@MUSKEGONCC.EDU](mailto:OFFICEOFTHEREGISTRAR@MUSKEGONCC.EDU)  
OFFICE TELEPHONE: 231-777-0310 FAX: 231-777-0209

Student Number	Date of Birth (mm/dd/yyyy)	Semester Being Requested	Last four numbers of Social Security	Date of Request (mm/dd/yyyy)
Student Name: Last	First	Middle	Previous Name Used	
Address:	City	State	Zip	Telephone
<input type="checkbox"/> I will pick-up (bring photo identification with you)	<input type="checkbox"/> Please include other documents attached			
<input type="checkbox"/> Mail to the recipient listed below	<input type="checkbox"/> fax with the number listed to the recipient below			
<b>Recipient Name:</b>				<b>Fax to:</b>
<b>Address street:</b>				
<b>City:</b>	<b>State:</b>	<b>Zip:</b>		
<b>Student Signature</b> _____ <b>Date:</b> _____				
<b>Permission to release</b> _____ <b>mm/dd/yyyy</b>				
<b>Note: The Family Right and Privacy Act of 1974 prohibits the release of student records to a third party without the students written consent.</b> Processed by and date: _____				