ENROLLMENT VERIFICATION REQUEST FORM

Enrollment Services 931-540-2581 FAX: 931-560-4125
1665 HAMPSHIRE PIKE, COLUMBIA, TN, 38401

You may scan and email completed form to **records@columbiastate.edu**

BEFORE COMPLETING THIS FORM PLEASE READ THE FOLLOWING INFORMATION:

Unless a form is provided by the student, enrollment verifications are standard format and provide the following data:
Student's name, ID#, address, dates and status of each term enrolled (i.e. full time, part time, etc.)

*** The verification does NOT provide grades, GPA, or classes completed ***
*** Enrollment verifications will NOT be faxed ***
*** There is no charge for enrollment verifications ***
*** Please complete ALL items. Incomplete forms will experience a delay in processing ***
***Once received, there is a three working day turn around on ALL requests (including faxed requests) ***
***This form will NOT be processed if the student has an administrative hold or financial obligation to the college ***

---

1. Student's name (please print clearly): _____
2. Student's Date of Birth: _____
3. Student's ID Number: _____
4. Daytime phone number: *area code* (_____)_____
5. Student's signature _____
   UNSIGNED REQUESTS WILL NOT BE PROCESSED!! **DATE**
6. Please mail enrollment verification to:

_____
Name of person, business, agency, etc.

_____
Address 1 (please provide complete address)

_____
Address 2 (please provide complete address)

_____
City State Zip Code

OFFICE USE ONLY

☐ request completed

☐ request NOT completed/hold flag

form D-46 rev 06/17