

Student Enrollment Verification Form

Return your completed form in person to the Registrar's Office, by fax to (505) 428-1405 or by mail to
Registrar's Office
Santa Fe Community College
6401 Richards Ave.
Santa Fe, NM 87508-4887

I will pick up the form Please mail form to the address listed below Please fax to number listed below

Please print clearly.

Student ID A Student Phone _____

Name _____
Last First MI

I hereby authorize Santa Fe Community College to release the information contained in this form to:

Organization/Person's name _____

Mailing address _____

Street/P.O. box

City State ZIP

Fax# _____

Semesters I want to verify:

Student's signature _____ Date _____

FOR OFFICE USE ONLY

According to our official records, the above-named student attended Santa Fe Community College as follows:

From:	To:	Credit Hours:	Semester:	FT/HT/LHT:
____/____/____	____/____/____	_____	_____	_____
____/____/____	____/____/____	_____	_____	_____
____/____/____	____/____/____	_____	_____	_____
____/____/____	____/____/____	_____	_____	_____

Authorized by _____ Date _____

Title

For more information, contact the
Registrar's Office at (505) 428-1267.

SFCC is an equal opportunity/equal access institution.



August 2010