

LOUISIANA DELTA COMMUNITY COLLEGE

Office of the Registrar Enrollment Verification Form

Please complete this form and FAX or MAIL to the following address:

Monroe Campus Enrollment Services 7500 Millhaven Rd. Monroe, LA 71203 Fax: 318-345-9002	Bastrop Campus Student Success Services 729 Kammell St. Bastrop, LA 71221 Fax: 318-556-7013	Ruston/Jonesboro Student Success Services 1010 James St. Ruston, LA 71273 Fax: 318-251-4159	Tallulah /Lake Providence Student Success Services 132 Old Hwy 65 South Tallulah, LA 71284 Fax: 318-574-1868	West Monroe Campus Student Success Services 609 Vocational Parkway West Monroe, LA 71292 Fax: 318-396-6180	Winnsboro Campus Student Success Services 1710 Warren St. Winnsboro, LA 71295 Fax: 318-435-2166
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1. PRINTED Name

Last

First

Middle

Current Address

Number and Street

City/State/Zip Code

Last Four Digits of Social Security Number _____

Student ID Number (nine digits)

Birthdate

Daytime Telephone Number

2. What semester are you needing verification for? _____

3. Would you like your grade-point average (GPA) to appear on this verification form?

Yes No

4. How would you like for us to process your verification?

I will pick up this verification in person and understand I must present a picture ID to receive it. (Once the enrollment verification period begins, please allow 5 business days for processing)

Please mail this verification to the following address:

Recipient's Name

Number and Street

City/State/Zip Code

Please fax this verification to:

Name:

Fax Number:

5. Please affix your signature below (required).

Signature

Date

Office Use Only:

Date Sent: _____ By: _____

Delivery Method: _____