



Print this form, complete it, and fax or mail it to:
Office of the Registrar
Grand Rapids Community College
143 Bostwick NE
Grand Rapids, MI 49503
Fax: (616) 234-4204

ENROLLMENT VERIFICATION REQUEST FORM
(Please allow 3 business days to process your request)

STUDENT ID or SSN #: _____

NAME: _____

SEMESTER TO BE VERIFIED: FALL _____ WINTER _____ SUMMER _____

PICK UP: DATE OF PICK-UP: _____

MAIL OUT: ADDRESS: _____

ADDITIONAL INFORMATION TO BE INCLUDED IN VERIFICATION:

Sign below to allow the release of your information:

SIGNATURE: _____ DATE: _____

you may obtain your verification online at: www.grcc.edu/studentcenter.