**Coconino Community College**
*Education That Works For You*

**Verification Request Form**

Registration and Enrollment Services
Phone: 928-226-4299
Fax: 928-226-4033
Email: enrollment.services@coconino.edu

Student Printed Name: _____ Student @ ID/Comet ID: _____

Date: _____ Email: _____

Phone Number: _____ *We will contact you at the email and/or phone number provided when your request is complete or if we have any questions while processing your request.*

**Choose one of the following options:**

☐ **Complete and send the attached form.** Specify the form: _____

☐ **Send official letter on college letterhead.** Indicate what you would like on the form.

☐ Expected graduation date/Degree:            ☐ Letter of non-attendance
☐ Other: Please Specify _____

_____

**Delivery method:**

☐ **Hold for Pick-up:** (must show photo ID at time of pick-up)

☐ **Mail to: (**Include name and address of recipient) _____

_____

_____

☐ **Email/Fax:** _____

I authorize Registration and Enrollment Services to release my enrollment information and/or other requested information specified above. I acknowledge that emailing and faxing are not secure forms of transmission (if requested) and consent to this mode of communication.

Signature: _____ Date: _____

For Registrar's use only: Completed by: _____
Date: _____