



RIVER PARISHES COMMUNITY COLLEGE

P.O. Box 310 • Sorrento, LA 70778 • (225) 675-8270 • Fax (225) 675-5478

Enrollment Verification Form

1. Student Information: *(please print)*

| |
|-------------------------------------|
| NAME: _____ |
| ADDRESS: _____ |
| CITY: _____ STATE: _____ ZIP: _____ |
| PHONE: (h) _____ (w) _____ |
| SSN: _____ |
| DATE OF BIRTH: _____ |

2. Enrollment information: *(please print)*

| |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ARE YOU CURRENTLY ENROLLED AT RPCC? _____ YES _____ NO |
| IF NO, LIST SEMESTER TO BE VERIFIED: _____ |
| *PLEASE NOTE: Enrollment verifications will not be produced until payment has been made or financial aid has been processed for semester being verified. |
| SEND VERIFICATION OF MY ENROLLMENT TO: (please provide complete address) |
| _____ |
| _____ |
| OR _____ PICK UP _____ FAX(LIST NUMBER) |

3. STUDENT SIGNATURE: _____ DATE: _____
(will not be processed without signature)

Office use only: processed by/date: _____