



## 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: _____
<b>*PLEASE NOTE: Enrollment verifications will not be produced until payment has been made or financial aid has been processed for semester being verified.</b>
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: \_\_\_\_\_