

ENROLLMENT VERIFICATION REQUEST FORM

Ivy Tech Community College
Registrar's Office
50 W. Fall Creek Pkwy North Dr.
Indianapolis, IN 46208
Fax: 317-921-4846

_____ **Print Your Full Name**

_____ **Student ID Number**

Date of Birth _____

Number of enrollment verifications being requested: _____

Phone: _____

Please list a phone number where you may be reached during the day.

Please check the line below next to the information you wish to be included:

_____ Please include my entire enrollment history.

_____ Please include just the _____ semester.

Mail to the name address below:

Fax to the number below:

Attn: _____

STUDENT SIGNATURE

DATE

THERE IS NO FEE FOR AN ENROLLMENT VERIFICATION

**VERIFICATION REQUESTS CANNOT BE PROCESSED UNTIL AFTER
THE 100% REFUND PERIOD AND WILL BE PROCESSED WITHIN 5
BUSINESS DAYS OF RECEIPT.**