



REQUEST FOR VERIFICATION OF ENROLLMENT FOR:
NOTE: ENROLLMENT CAN BE VERIFIED FOR *CURRENT AND PREVIOUS TERMS OF ATTENDANCE ONLY.

Fall Spring Summer 200_____

***CURRENT TERM REQUESTS WILL NOT BE PROCESSED UNTIL AFTER THE ADD/DROP DEADLINE OR THE SPECIAL CENSUS DATE.**

NAME _____ AIMS ID _____ - _____ - _____

ANTICIPATED GRADUATION DATE _____ DATE OF BIRTH _____

THIS REQUEST IS FOR: (check one) Loan Employment
 Auto Insurance Other _____
 Health Insurance

I Will Pick Up
 Mail to: _____

Name _____

Address: Street, P.O. Box, Apt. # _____

City, State, Zip Code _____

I authorize Aims Community College officials to release to the person/organization listed above any requested information.

Student Signature _____ Date _____

Phone Number: (Evening) _____ (Day) _____

OFFICE USE ONLY	
Received by: _____	Date Received _____