

I. Student Information (please print legibly)Name _____
Last First MiddleStudent ID _____
Number (If known) _____ DOB: _____ Phone Number: _____ Curriculum: _____Signature _____ Date _____
I authorize WTCC to release the information requested on this form.**II. A. Please check the type of information requested**

- Status / Enrollment Verification
 Provide information on attached form
 Other (Specify other information): _____

B. Do you want your information mailed, faxed, or do you plan to pick-up? (Check One) Pick up at: Southern Northern Health Science Public Safety Western Mail to: _____
Name Organization_____
Address City State Zip Code Fax to: _____
Name Organization_____
Fax Number Phone Number

The information requested will be researched and either available for pick-up, faxed, or mailed (based on your selection above) after 3 p.m. two business days after the date the inquiry was received by the Registration and Student Records Services Division. (Note: Campus pick-up other than Main will take longer.)

III. For Office Use Only

Date Inquiry Taken _____ Taken By _____

Completed By _____ Date Completed By _____

Staff Signature Date