

# Enrollment/Degree Verification Request

Students needing loan deferments, verifications of attendance and address, and verification of degree awarded should complete this form.

_____ Student Name	_____ Student ID
_____ E-mail	_____ Phone Number
_____ Dates of Attendance	

Verification Request:

- |   |   |
|---|---|
| <input type="checkbox"/> Verification of Enrollment | <input type="checkbox"/> Proof of Non-Enrollment        |
| <input type="checkbox"/> Current Semester           | <input type="checkbox"/> Verification of Degree Awarded |
| <input type="checkbox"/> All Semesters              | <input type="checkbox"/> Complete Attached Form         |

Include:

- |   |  |
|---|--|
| <input type="checkbox"/> Date of Birth        | <input type="checkbox"/> Mailing Address on file           |
| <input type="checkbox"/> Last 4 digits of SSN | <input type="checkbox"/> Permanent Address on file         |
| <input type="checkbox"/> Major                | <input type="checkbox"/> Anticipated Graduation Date _____ |

Delivery Information:

- Mail to \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Fax to \_\_\_\_\_
- E-mail to \_\_\_\_\_
- Student pick up at Columbia Central, 600 S Michigan, Room 303

Additional Information: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

*By signing this form, I authorize Columbia College Chicago to release my information as directed above.*

The preferred method to submit this completed form is via email to [columbiacentral@colum.edu](mailto:columbiacentral@colum.edu). If you cannot send via email, please fax or mail to:

Fax: 312-369-8436

Mail:  
Columbia College Chicago  
Columbia Central  
600 S. Michigan, Suite 303  
Chicago, IL 60605

**Columbia**  
COLLEGE CHICAGO