Processed By_____
Date_____
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Date _____

ENROLLMENT VERIFICATION RELEASE FORM

NorthWest Arkansas Community College

One College Drive Bentonville, AR 72712 (479) 636-9222

ID#_____

SSN_____ Name _____Date_____

Current Adderess_____Phone_____
Street or PO Box

_____
City State Zip

Other names under which records could be listed [i.e. maiden name, married name(s), nicknames]. _____

- Use a separate form for each request. Please type or print legibly.
- Financial obligations to NWACC must be satisfied before enrollment verifications may be issued.
- Enrollment verifications cannot be sent out until after the 11th day of classes.

CHECK THE APPROPRIATE ITEM(S) BELOW:

- ❑ Mail Verification (enter address below)
  Allow ONE WEEK for enrollment verifications to be issued.
- ❑ Pick-Up Verification

Number of Verifications Requested _____

Requested Semester of Verification _____

CHECK THE TYPE OF VERIFICATION YOU ARE REQUESTING:

- ❑ Early Enrollment Verification
- ❑ General/Insurance Purposes
- ❑ Other _____

SEND TO: _____

_____

_____

_____

Signature _____**Date** _____

Send this request to the Student Records Office by one of these three methods:

Mail: NWACC Student Records Office,
One College Drive
Bentonville, AR 72712

Fax: (479) 619-2229

In person: The Student Records Office is located on the second floor of the Student Center.
Hours are Monday through Thursday from 8:00 a.m. to 6:00 p.m. and Friday from 9:00 a.m. to 4:30 p.m.
Exceptions to these hours are made during holidays.
No one else (including your spouse, parent, etc) may pick up your enrollment verification without your written permission.
Identify by name the person who is authorized to obtain your Verification and include your original written signature.

Phone or e-mail requests are not accepted.