



Enrollment Verification Request

Caldwell Community College and Technical Institute
Caldwell Campus 828.726.2200 Watauga Campus 828.297.2185

Personal Information

Name _____ Student ID or SS# _____
Last First (Middle)

Date of Birth ____/____/____ Other Names You May Have Used _____

Home Phone No. _____ Work Phone No. _____ Cell Phone No. _____

Method of Delivery

- To be picked up (**Photo ID Required**)
- Pick up on Caldwell Campus
- Pick up on Watauga Campus
- To be mailed

Address for Enrollment Verification Delivery (Required):

Use the space to the right to indicate the mailing address where the verification(s) should be sent. This address will appear on the outside of the verification envelope.

Note: You must use separate forms if you wish to send enrollment verification to more than one location.

Name of Institution/Person		
Address Line 1		
Address Line 2		
City	State	Zip Code

My signature below authorizes release of my student records.

Student Signature _____

Date: _____