



## REQUEST FOR ENROLLMENT VERIFICATION FORM

Enrollment Services-York County Community College  
112 College Drive Wells, ME 04090 • www.yccc.edu • (207) 216-4402 and (207) 216-4492 •  
Fax: (207) 641-0837

Student ID # or SSN: \_\_\_\_\_ Date Birth: \_\_\_\_\_

Name: \_\_\_\_\_

*Last*                      *First*                      *Mid.*                      *Any other name(s) used*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(\*Required\*)

I am requesting:

- Enrollment Verification For Health Insurance Companies
- Enrollment Verification For Lending Companies
- Other

SEND VERIFICATION TO:

Company Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Fax Number \_\_\_\_\_

*Please check one:*

Send now \_\_\_\_\_ Verification to be held until end of drop period \_\_\_\_\_

End of Drop Date: \_\_\_\_\_

\*It is the Students responsibility to complete this form. Form will not be processed if incomplete.

Forms are sent to the National Student Clearinghouse each week on Friday.