



**YORK COUNTY COMMUNITY COLLEGE**

**Request for Enrollment Verification**

Please return this form to YCCC Records Office

Email: [records@yccc.edu](mailto:records@yccc.edu)

Fax: (207) 216-4402 and (207) 216-4401

Mail: 112 College Drive, Wells, ME 04090

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

*Last*

*First*

*M.I.*

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

Email: \_\_\_\_\_

I am requesting:

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

By signing below, I authorize the release of my enrollment information to the method I've listed, below:

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Mail:

\_\_\_\_\_

*Company or Person*

*Street*

\_\_\_\_\_

*City*

*State*

*Zip Code*

Email: \_\_\_\_\_

Fax: \_\_\_\_\_

**Please note we will include the following information in the verification:**

Student's name, last four of SSN, number of credits enrolled and status, start/end dates, and drop deadline for the given semester, expected graduation date, and YCCC school code.