



YORK COUNTY COMMUNITY COLLEGE

Request for Enrollment Verification

Please return this form to YCCC Records & Registration

Email: enrollmentservices@yccc.edu

Fax: (207) 641-0837

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.