

ENROLLMENT VERIFICATION REQUEST

Office of Admissions & Student Records
Orangeburg-Calhoun Technical College
3250 St. Matthews Road, NE
Orangeburg, South Carolina 29118
Fax Number: (803) 535-1368

Please provide information regarding my enrollment status for the _____ Semester/s.
(List Semester/s)*

Please check the appropriate blank for how you wish for this verification to be handled:

_____ Pick-Up _____ (Name of person to Pick Up)
_____ Fax _____ (Fax Number & Recipient Name)
_____ Mail _____ (Name)
_____ (Address)
_____ (City, State, Zip)

STUDENT'S NAME: _____
Last Name First Name Middle Initial

STUDENT ID# _____ LAST 4 OF SSN: XXX-XX-_____

TELEPHONE NUMBER _____

***Note – If a semester(s) is not specified for enrollment purposes, the college will verify enrollment for the current semester only.**

If this request is to verify enrollment for insurance purposes, please include the name of the insured person and the Group ID number.

Insured Name: _____ Group ID Number: _____

Include Expected Graduation Date: Yes _____ No _____

This signature authorizes the Office of Admissions and Student Records at Orangeburg-Calhoun Technical College to release information regarding my enrollment status at the College to the above party.

Signature: _____

Date: _____

***** Requests will be processed within 3 to 5 Business Days****

**ALL REQUESTS FOR ENROLLMENT VERIFICATION MUST BE IN THE STUDENT'S
HANDWRITING - - NO TELEPHONE REQUESTS**

Revised 09/24/18