

## 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)

\_\_\_\_\_ EMail \_\_\_\_\_ (Email Address)

\_\_\_\_\_ Mail \_\_\_\_\_ (Name)

\_\_\_\_\_ (Address)

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 11/05/2021