



REGISTRAR OFFICE
 WOR-WIC COMMUNITY COLLEGE
 Brunkhorst Hall (BH) 109 | 32000 Campus Drive
 Salisbury, MD 21804
 Phone: 410.334.2907 | Fax: 410.334.2954
 Email: registrar@worwic.edu

OFFICE USE ONLY
 Date Processed: _____
 Processed by: _____

REQUEST FOR VERIFICATION
(PLEASE ALLOW AT LEAST 3 BUSINESS DAYS* FOR COMPLETION)

Student Name (Please print): _____

Student ID No: _____

Date of Birth: ____ / ____ / ____ Phone Number: _____

I authorize Wor-Wic Community College to release the information indicated below.

Check one: Fax to (____) _____ Email to _____

Mail To (Company Name/Person/Address):

 Student's Signature Date of request

- Select one:**
- I have a form that I have submitted to be completed.
 - I need a letter that includes the information described in the box below.

Only complete this section if you checked the selection indicating a letter.

Please compose a letter verifying the following item(s): (check all that apply)

- () Pre-enrollment status (full-time or part-time) for the following semester(s):
 Semester (fall/spring/summer): _____ Year: _____
- () Official enrollment status (full-time or part-time) for the following semester(s):
 Semester (fall/spring/summer): _____ Year: _____
***Please note: this info will not be released until after the last day of the drop with refund period**
- () All past enrollment
- () Anticipated Graduation Date
- () Grade Point Average (Cumulative or Term)
- () Other: _____

