



**Enrollment Verification**

Academic Records and Registrar Office  
3201 W. 16<sup>th</sup> St Sedalia MO 65301  
PH: 660-530-5829 \* Fax: 660-596-7472  
Email: [add-drop@sfccmo.edu](mailto:add-drop@sfccmo.edu)  
Office Hours: Monday-Friday 8am-5pm

**Student Information**

Name: \_\_\_\_\_ SFCC Student ID or SSN: \_\_\_\_\_  
Phone: \_\_\_\_\_ Term(s) to Verify:  Fall  Spring  Summer Year: \_\_\_\_\_

**Enrollment Verification Type (check all that apply)**

- Standard Enrollment Verification Letter**  
(Includes: Enrollment status (fulltime/half-time/less than half time) and estimated graduation date)
- Complete Attached Form**  
(Examples: Insurance, student loan, scholarship)
- VA (Veteran Affairs) Enrollment Verification Letter** (VA certifying official)
- Non-Attendance Letter**  
(Includes: letter stating that there is no record of you as a student at SFCC)
- Custom Letter Request** (Please include any specific information to be included in the letter)

**Delivery Method**

**Mail Verification Letter**  
To: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt/Suite Number: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Fax Verification Letter**  
To: \_\_\_\_\_ Attention: \_\_\_\_\_  
Fax number: \_\_\_\_\_

**Pickup Verification Letter** (Available at the Academic Records and Registrar Office with photo ID)  
\*\* Designated pick up person (if other than the student/ID required):

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Office Use Only  
Processed By: \_\_\_\_\_ Date: \_\_\_\_\_