State Fair Community College

Enrollment Verification

Academic Records and Registrar Office
3201 W. 16th St Sedalia MO 65301
PH: 660-530-5829 * Fax: 660-596-7472
Email: registrar@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):

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Student Signature: _____ **Date:** _____

Office Use Only

Processed By: _____ Date: _____

Effective: Fall 2024 Revised: 10/01/24