

**COLLIN COUNTY COMMUNITY COLLEGE  
STUDENT REQUEST FOR VERIFICATION OF ENROLLMENT\***

**PLEASE PRINT**

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ DATE: \_\_\_\_\_

SEMESTER(S) TO BE VERIFIED: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**PLEASE READ CAREFULLY BEFORE MAKING YOUR CHOICE.**

**VERIFICATION IS FOR:**

1. \_\_\_\_\_ **LOAN (will not be processed on campus)**  
Name of Lender: \_\_\_\_\_

Current term enrollment verifications for loan purposes will be processed by the **NATIONAL STUDENT CLEARINGHOUSE (NSCH), 13454 Sunrise Valley Dr., St. 300, Herndon, VA 20171-3280**, and sent directly to the lender. Enrollment will be verified based on the number of hours in which a student is enrolled as of a specified date on which this information is provided to the NSCH by the college. Enrollment status updates are sent to the NSCH three times during the semester.

2. \_\_\_\_\_ **INSURANCE or OTHER. NOTE: ONLY Verifications of enrollment for insurance/other purposes will be processed on campus.** For insurance, please include:

\_\_\_\_\_ Name of Insured \_\_\_\_\_ ID #

Please check one:

\_\_\_\_\_ Please **hold** for pick up. \_\_\_\_\_ Please **mail** to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please allow THREE (3) working days for processing. Note: Requests for verification of enrollment at the beginning of a semester will be processed in 2-3 days AFTER census day.**

\*With few exceptions, state law gives you the following rights regarding the information collected by CCCCD about you: the right to request to be informed about the information; the right to receive and review the information; and the right to correct information about you that is incorrect.

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**CCCC OFFICE USE ONLY**

<b>DATE MAILED OR PICKED UP:</b>	<b>BY:</b>
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