



Enrollment Verification Request

Please Print

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____

List the semesters you wish to have verified. _____

Check here if you wish to pick up the verification.

Check here if verification is for insurance purposes.

Policyholder Name: _____

Fill out the section below only if you want the verification mailed.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

I hereby grant permission for Frank Phillips College to release the information needed for enrollment verification.

Student's Signature: _____ Date: _____

Please mail completed form to: Frank Phillips College, Admissions and Records, P.O. Box 5118, Borger, TX 79008 or fax this form to (806) 457-4225. You may also bring this form to the Admissions and Records office in the Classroom Learning Complex, Room 20.