

JONES

SINCE • 1911

ENROLLMENT VERIFICATION REQUEST FORM

Name: _____

Previous Last Name: _____
(If Different)

Social Security Number: _____

Phone: _____

Birth Date: _____

Email Address: _____

I am requesting my Enrollment Verification for the Academic Period of:

Spring _____ Summer _____ Fall _____ Year _____

Never Attended _____

PROCESSING DETAILS:

Please tell us where and how you would like us to send your Enrollment Verification by providing the information below.

Email Enrollment Verification to: _____

Fax Enrollment Verification to: _____

Mail Enrollment Verification to: _____

Name _____

Street _____

City, State, Zip _____

Your Signature _____

Date Of Request _____

Note: Please allow 3 - 5 working days to process all requests.

Mail or Fax to

Student Records • Jones County Junior College • 900 South Court Street Ellisville, MS 39437 • Fax: (601)477-4258