



Verification Letter Request

Name: _____ CSC ID #: _____
Cell Phone: _____ CSC E-Mail: _____
Address: _____
City: _____ State: _____ Zip Code: _____

Type of Letter Requested: Enrollment Verification Good Academic Standing

Semester: Fall Spring Summer Year: _____

Are you currently enrolled at CSC? Yes No

Do you have an unpaid balance for the term you are requesting verification? Yes No

Name of Recipient / Company / Institution: _____

Name of Receiving Individual (if needed): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Requests for enrollment verification for terms in which there is a balance due and for future terms will be mailed directly from Connors State College to the agency providing funds, etc., to pay on students account. Student is responsible for providing address for the requesting agency. Letters are mailed, not faxed.

Student Signature: _____ Date: _____

Registrar's Office Use

Processed by: _____ Date: _____ Last Date of Attendance: _____

Please return the completed form to the Office of Admissions in Warner or Muskogee, or email it to cscregistrar@connorsstate.edu