

Oakton Community College

OFFICE OF REGISTRATION AND RECORDS

1600 East Golf Road, Des Plaines, IL 60016, 847-635-1700

7701 North Lincoln Avenue, Skokie, IL 60077, 847-635-1400

ENROLLMENT VERIFICATION FORM

Please print all information. One form per request.

A letter will be issued only if a student's account is clear of outstanding balances. Oakton does not rank students.

Name _____
Last First MI Maiden

Address _____ City _____ State/Zip _____

Banner I.D. (B#) _____ Phone (_____) _____ (_____) _____
Home Work

Enrollment Verification: ____ Fall ____ Spring ____ Summer Year 20____

Check the appropriate box.

Will pick up letter ____ Des Plaines Campus ____ Ray Hartstein Campus

Mail my letter when available.

Complete attached form

Special request for information on letter: _____

Send letter to:

Check here if mailing address same as above.

Name _____

Address _____

City _____ State/Zip _____

Student authorization for release of enrollment verification:

Signature of Student

Date

If you wish to authorize another person to pick up your letter, indicate their name below.

You and other authorized persons must bring personal identification (i.e. driver's license, state I.D.) in order to pick up the enrollment verification.

Name _____ Relationship _____

Signature of person authorized for pickup

Date