## 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.

Address City State/Zip	Name			
Enrollment Verification: Fall Spring Summer Year 20  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 State/Zip  Student authorization for release of enrollment verification:   Grow 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.	Last	First	MI	Maiden
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.   Same   Address   State/Zip   State/Index authorization for release of enrollment verification:   One of Student authorization for release of enrollment verification:   Signature of Student   Fyou 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 bick up the enrollment verification.	Address	City		State/Zip
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:	Banner I.D. (B#)	Phone ( )		( )
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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  State/Zip  Student authorization for release of enrollment verification:  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 bick up the enrollment verification.  Name	Check the appropriate box.			
Complete attached form  Special request for information on letter:  Send letter to:  Check here if mailing address same as above.  Name  Address  City	Will pick up letter Des Plaines Ca	mpus Ray Hartstein	Campus	
Special request for information on letter:    Send letter to:	Mail my letter when available.			
Send letter to:  Check here if mailing address same as above.  Name  Address  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 bick up the enrollment verification.  Name  Relationship  Relationship	Complete attached form			
Send letter to:  Check here if mailing address same as above.  Name  Address  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  Relationship	Special request for information on letter: _			
City State/Zip  Student authorization for release of enrollment verification:    Signature of Student   Date				
Student authorization for release of enrollment verification:    Signature of Student   Date	Check here if mailing address same as ab			
Student authorization for release of enrollment verification:    Signature of Student   Date	Address			
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				
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	Student authorization for release of	enrollment verification	n:	
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 Student			_
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	If you wish to authorize another person t	to pick up vour letter, indi	icate their name	e below.
Name Relationship	You and other authorized persons must			
	pick up the enrollment verification.			
Signature of person authorized for pickup	Name		Relations	hip
	Signature of person authorized for pickup			