



**Office Use Only**

[ ] Faxed [ ] Pick up [ ] Mailed

Date: \_\_\_\_\_

**ENROLLMENT VERIFICATION**

Please Print Legibly And Complete Form Entirely. Your request cannot be processed without your signature indicating your consent to release your records.

**Student Name:** \_\_\_\_\_  
(First) (Middle) (Last) (Former/Maiden Name)

**BHC ID # (or SSN):** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Approx. Dates of Attendance:** \_\_\_\_\_

**# Of Copies** \_\_\_\_\_ **Anticipated Graduation Date:** \_\_\_\_\_

**VERIFICATION OPTIONS:** (check all that apply)

- Verification of Enrollment (Current Term)
- Verification of Enrollment (History – Please Indicate Terms)
- COMPASS/Test Scores
- Loan Deferment (Loan Servicer Form Must Be Provided – Issued 10<sup>th</sup> Day After The Start Of The Term)
- Good Student Discount (Insurance Form Must Be Provided)
- Other/Special Instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RECIPIENT INFORMATION:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Recipient Phone #:** \_\_\_\_\_

**DELIVERY OPTIONS:**

**FAX** (FAX number must be provided)  
**FAX Number:** \_\_\_\_\_ **Attention:** \_\_\_\_\_

**Mail**

**Pick Up** If someone other than yourself will be picking up your verification, you must complete the authorization statement below:

I authorize BHC to release my verification to \_\_\_\_\_.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\*\* Required \*\*\*

QC - ENROLLMENT SERVICES  
6600 34<sup>th</sup> Avenue, Moline, IL 61265  
(309) 796-5300 Fax # (309) 796-5209  
registrar@bhc.edu

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26230 Black Hawk Road, Galva, IL 61434-9476  
(800) 233-5671 Fax # (309) 856-6005