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 _____________

Student ID No. __________________ Phone __________________ Home ( ) Work ( )

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

Check the appropriate box.

☐ Will pick up letter _____ Des Plaines Campus _____ Ray Hartstein Campus (Skokie)

☐ 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 present a photo ID in order to pick up the enrollment verification.

Name ____________________________________________ Relationship __________________________

Signature of person authorized for pickup ___________________________ Date __________________

Enrollment Center
1600 East Golf Road Des Plaines, IL 60016, 847-635-1700
7701 North Lincoln Avenue, Skokie, IL 60077, 847-635-1400

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