

# 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*