



LACKAWANNA COLLEGE
501 VINE STREET
SCRANTON, PA 18509

REQUEST FOR RELEASE OF ENROLLMENT VERIFICATION

Student Name: _____

ID# or Last 4 Digits of SS#: _____

Address: _____

Phone: _____

Check all that apply:

Please release verification of my current enrollment _____

Please release verification of my prior enrollment _____

Please include current student schedule _____

Please release information to:

Recipient Name: _____

Recipient Address: _____

Recipient Phone: _____

Please fax enrollment verification to:

Recipient name: _____

Fax telephone#: _____

****Note to student: Enrollment verification will include Student Name, Last 4 digits of Social Security Number or Student ID #, Enrollment Status (full or part time), Major, Degree Sought, Semester Start and End dates. Your current schedule will be included only upon your request above.***

Student Signature: _____

Date: _____