NUNEZ COMMUNITY COLLEGE
ENROLLMENT VERIFICATION

Date: _____   **Banner ID:** _____

Name: _____   **DOB:** _____

Phone: _____   **SSN:** _____

Semester: ❑ **Fall** ❑ **Spring** ❑ **Summer**   **Year(s):** _____

Pickup ❑   **Mailing Address:** _____

_____

Fax #: _____   _____
        (only if letter to be faxed)   **(only if letter to be mailed)**

Current semester enrollment verifications cannot be provided until after the 14th day of the semester

VERIFICATIONS MAY BE PICKED UP 3 DAYS AFTER REQUEST IS RECEIVED IN THIS OFFICE.