Delaware Technical & Community College
Terry Campus

Enrollment Verification Form

TO BE COMPLETED BY STUDENT:

(Required) Name_____
First MI Last

(Required) Student ID Number: _____

(Required) Home Phone Number: (____)_____ Cell Phone Number: (____)_____

(Required) Expected Date of Graduation: _____
Month/Year

(Required) Type of Verification: ❑ Enrollment ❑ Degree ❑ Deferment

(Required) Semester of Verification: ❑ Fall ❑ Spring ❑ Summer

(Required) ❑ Fax to (____)_____ ❑ I will pick up.

❑ Mail to: Name _____

Address_____

City _____ State _____ Zip _____

(Please Note - If you are requesting that verification be released to a third party, their information MUST be provided above. Incorrectly completed forms may take additional processing time.)

I hereby authorize Delaware Technical & Community College, Terry Campus, to release all information necessary to complete the requested verification.

(Required) _____ _____
Signature of Student Date

REQUESTS ARE PROCESSED WITHIN THREE TO FIVE BUSINESS DAYS.

Delaware Technical & Community College, Terry Campus
Attn: Registrar's Office
100 Campus Drive
Dover, DE 19901
Fax (302)857-1089 Phone: (302)857-1080