



Enrollment Verification Request Form

Be sure to include any recipient/agency information/documentation if applicable to the Registrar's Office.

Please allow 5 to 7 business days for processing.

PLEASE NOTE: Enrollment Verification Requests will not be completed if the student is not registered for the semester that needs verification.

Please complete and return this completed form to the Registrar's Office:

- 1) In Person: LCCC, Main Campus, Building #5, Room 516
- 2) By Fax: 570-740-0356
- 3) By E-Mail: ro@luzerne.edu
- 4) By Mail: Attention: Registrar's Office, Luzerne County Community College, 521 Trailblazer Dr., Nanticoke, PA 18634

First Name: _____ Middle Initial: _____ Last Name: _____

Student ID#/Soc. Sec. #: _____ Phone #: (____) _____

Anticipated Graduation Date: _____

Semester/Year to be Verified:

Fall: _____ Spring: _____ Summer: _____ Winter Intersession: _____

Enrollment Status: Currently Enrolled: _____ Not Currently Enrolled: _____

If enrolled how many credits are your enrolled for:

12 or more credits (Full): _____ 11 to 6 credits (Half): _____ 1 to 5 credits (Part): _____

Please send completed verification to:

Agency Requesting Verification: _____

_____ Fax To: (____) _____

_____ Mail To: _____

_____ Hold for Pick-Up: _____

Student Signature: _____ Date: _____