



Office of the Registrar ✧ Box 1025 ✧ 500 College Hill ✧ Liberty, MO 64068
 Phone: 816-415-5979 ✧ Fax: 816-415-5005

PROOF OF ENROLLMENT REQUEST

PLEASE NOTE:

- ➔ ➔ ➔ 1. *Proof of Enrollment* is an official signed document on Registrar's letterhead listing all semesters of enrollment, the number of credit hours enrolled for each, full-time/part-time status, and student's anticipated date of graduation (if student has applied). This information is considered public information and may be released upon request without written consent of the student.
- ➔ ➔ ➔ 2. Print this form, complete it, and sign your name on the signature line. All applicable blanks must be completed.
- ➔ ➔ ➔ 3. Fax this form to 816-415-5005, or mail it to: WJC Office of the Registrar, Box 1025, 500 College Hill, Liberty, MO 64068.
- ➔ ➔ ➔ 4. Please allow 2-3 business days for processing of *Proof of Enrollment* (longer during peak times).
- ➔ ➔ ➔ 5. There is **NO CHARGE** for *Proof of Enrollment*.
- ➔ ➔ ➔ 6. William Jewell College's student information release policy strictly complies with all federal regulations pursuant to the *Family Education Rights and Privacy Act (FERPA)*.

Please print all information clearly. (Include area codes with phone numbers.)

Student's Full Name	Social Security No. (last 4#)	Date of Birth
Street Address	City, State, ZIP	Student's Phone No.
Requested by (Your Name, if other than student)	Relationship to Student ___ Mother ___ Father ___ Other _____	Your Daytime Phone

Please indicate here any specific information you wish to be included on *Proof of Enrollment* (*insured's name or ID, a policy number, student's Social Security Number, etc.*) (Note: Student's Social Security Number will NOT be included on the *Proof of Enrollment*, unless you request it here.)

___ **PICK UP** at Window ___ **MAIL** (*Complete MAIL section*) ___ **FAX** (*Complete FAX section*)

MAIL to (Yourself <u>or</u> Name of Company/Organization)	To the Attention of (Person's Name or Department)
Street Address	City, State, ZIP

FAX to (Yourself <u>or</u> Name of Company/Organization)	To the Attention of (Name)	FAX No.
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Requestor's Signature	Date
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<i>For Office Use Only:</i>		
Date Received _____	Date Processed _____	Completed by _____