

# LOUISIANA DELTA COMMUNITY COLLEGE

Division of Student Affairs · Department of Enrollment Services

## Enrollment Verification Form

Please complete this form and FAX or MAIL to the following address:

Monroe Campus Enrollment Services 7500 Millhaven Rd. Monroe, LA 71203 Fax: 318-345-9002	Bastrop Campus Student Success Services 729 Kammell St. Bastrop, LA 71221 Fax: 318-556-7013	Ruston/Farmerville Student Success Services 1010 James St. Ruston, LA 71273 Fax: 318-251-4159	Tallulah /Lake Providence Student Success Services 132 Old Hwy 65 South Tallulah, LA 71284 Fax: 318-574-1868	West Monroe Campus Student Success Services 609 Vocational Parkway West Monroe, LA 71292 Fax: 318-396-6180	Winnsboro Campus Student Success Services 1710 Warren St. Winnsboro, LA 71295 Fax: 318-435-2166
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1. **PRINTED** Name \_\_\_\_\_

Last

First

Middle

**Current Address** \_\_\_\_\_

Number and Street

City/State/Zip Code

**Last Four Digits of Social Security Number** \_\_\_\_\_

**Student ID Number (nine digits)**

**Birthdate**

**Daytime Telephone Number**

2. **What semester are you needing verification for?** \_\_\_\_\_

3. **Would you like your grade-point average (GPA) to appear on this verification form?**

Yes

No

4. **How would you like for us to process your verification?**

**I will pick up this verification in person and understand I must present a picture ID to receive it.**  
(Once the enrollment verification period begins, please allow 2-3 business days for processing)

**Please mail this verification to the following address:**

Recipient's Name \_\_\_\_\_

Number and Street \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

**Please fax this verification to:**

Name: \_\_\_\_\_

Fax Number: \_\_\_\_\_

5. **Please affix your signature below (required).**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Office Use Only:**

Date Sent: \_\_\_\_\_ By: \_\_\_\_\_

Delivery Method: \_\_\_\_\_