Verification of Enrollment Letter Request Form

For immediate verifications that you can print on your own, please use the National Student Clearinghouse found within the Academics section of Warrior Web or through Student Self-Service. Step by step instructions can be found in the Registrar's Canvas Community.

Student Name __________________________________________ Date ________________
Phone ________________________________________ ID __________________________

Semester /Year to be verified check one:

☐ SPRING ☐ SUMMER 1 ☐ SUMMER 2 ☐ FALL

Reason for Request:
ID Card: _____ Health Insurance: _____
Employer: _____ Ft Hood Transportation: _____
Other: _____

Please provide a letter that states the following:
☐ I am a full time student.
☐ I am a half-time student.
☐ I am registered for less than half time.
☐ I am pre-registered for _________________ semester.
☐ I will graduate on ________________ with a degree in ___________________
☐ Other: __________________________________________________________________

Please mail letter to:
Name: __________________________________________
Address: __________________________________________
City, State, Zip: __________________________________________

________________________________________
Student Signature

________________________________________
Date

Processed by/Date: ____________________________

Please return to: Founder’s Hall 108 or Fax: 254-519-5486 or Email: records@tamuct.edu
Registrar’s Office | 1001 Leadership Place | Killeen, TX 76549 | (254) 501-5857