



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