



Office Use Only

Faxed Pick up Mailed

Date: _____

ENROLLMENT VERIFICATION

Please Print Legibly And Complete Form Entirely. Your request cannot be processed without your signature indicating your consent to release your records.

Student Name: _____
(First) (Middle) (Last) (Former/Maiden Name)

BHC ID # (or SSN): _____ **Birth Date:** _____

Phone #: _____ **Approx. Dates of Attendance:** _____

Of