



Processed By _____
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ENROLLMENT VERIFICATION RELEASE FORM
NorthWest Arkansas Community College
One College Drive Bentonville, AR 72712 (479) 636-9222

ID# _____

SSN _____ Name _____ Date _____

Current Address _____ Phone _____
Street or PO Box

City _____ State _____ Zip _____

Other names under which records could be listed
[i.e. maiden name, married name(s), nicknames]. _____

- Use a separate form for each request. Please type or print legibly.
- Financial obligations to NWACC must be satisfied before enrollment verifications may be issued.
- **Enrollment verifications can not be sent out until after the 11th day of classes.**

CHECK THE APPROPRIATE ITEM(S) BELOW:

- Mail Verification (enter address below)
Allow **ONE WEEK** for enrollment verifications to be issued.
- Pick-Up Verification

Number of Verifications Requested _____

Requested Semester of Verification _____

CHECK THE TYPE OF VERIFICATION YOU ARE REQUESTING:

- Early Enrollment Verification
- General/Insurance Purposes
- Other _____

SEND TO: _____

Signature _____ **Date** _____

Send this request to the Student Records Office by one of these three methods:

Mail: NWACC Student Records Office,
One College Drive
Bentonville, AR 72712

Fax: (479) 619-2229

In person: The Student Records Office is located on the second floor of the Student Center.
Hours are Monday through Thursday from 8:00 a.m. to 6:00 p.m. and Friday from 9:00 a.m. to 4:30 p.m.
Exceptions to these hours are made during holidays.

No one else (including your spouse, parent, etc) may pick up your enrollment verification without your written permission. Identify by name the person who is authorized to obtain your Verification and include your original written signature.

Phone or e-mail requests are not accepted.