



REGISTRAR OFFICE
WOR-WIC COMMUNITY COLLEGE
Brunkhorst Hall (BH) 109 | 32000 Campus Drive
Salisbury, MD 21804
Phone: 410.334.2907 | Fax: 410.334.2954
Email: registrar@worwic.edu

OFFICE USE ONLY
Date Processed: _____
Processed By: _____

REQUEST FOR VERIFICATION
(PLEASE ALLOW AT LEAST 3 BUSINESS DAYS* FOR COMPLETION)

Student Name (Please Print): _____

Student ID No: _____

Date of Birth: _____ Phone Number: _____

I authorize Wor-Wic Community College to release the information indicated below:

Check one: ☐ Fax To: _____ ☐ Email To: _____

☐ Mail To (Company Name/Person/Address): _____

Student's Signature - No Digital Signatures

Date of Request

Select one:

- ☐ I have a form that I have submitted to be completed.
☐ I need a letter that includes the information described in the box below.

Only complete this section if you checked the selection indicating a letter.

Please compose a letter verifying the following item(s): (check all that apply)

() Pre-enrollment status (full-time or part-time) for the following semester(s):
Semester (fall/spring/summer): _____ Year: _____

* () Official enrollment status (full-time or part-time) for the following semester(s):
Semester (fall/spring/summer): _____ Year: _____

***Please note: this info will not be released until after the last day of the drop with refund period.**

() All past enrollment

Anticipated Graduation Date

() Grade Point Average (Cumulative or Term)

() Other: _____

