

Lakes Region Community College
379 Belmont Road
Laconia, NH 03246
Phone (603) 524-3207 Fax (603) 524-8084

ENROLLMENT VERIFICATION REQUEST

**** Please allow up to 5 business days for processing ****

Name: _____ Student ID# or last 4 # of SS# : _____

DOB: _____ Phone # : _____

Mailing

Address: _____

Street

City

State

Zip

Major: _____ Semester: Fall _____ Spring _____ Summer _____

Full-Time: _____ Part-Time: _____

Twelve (12) credits equals full-time status.

Please select one of the following:

Student Pickup* (Date you would like to pick up): _____

Mail (to address listed below)

Mail to student at address listed above

Fax to _____

Mail Enrollment Verification Request to:

Name/Institution: _____

Attn: _____

Street (PO Box) _____

City _____ State _____ Zip _____

Signature: _____ Date: _____