



# OFFICE OF ADMISSIONS/REGISTRAR

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## ENROLLMENT VERIFICATION REQUEST

**Please Print**

SWTJC ID: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**ENTER YEAR AND CHECK THE SEMESTERS YOU WOULD LIKE VERIFIED:**

YEAR(S): \_\_\_\_\_  FALL  SPRING  SUMMER I  SUMMER II

**PLEASE CHECK DELIVERY METHOD:**

PICK UP

FAX FAX NUMBER: \_\_\_\_\_

MAIL **PLEASE PROVIDE THE COMPLETE MAILING ADDRESS:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

I hereby grant Southwest Texas Junior College permission to release any information needed for enrollment verification.

STUDENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**FAX FORM TO THE CORRESPONDING CAMPUS FAX NUMBER:**

**DEL RIO:** 830-703-1565

**EAGLE PASS:** 830-758-4110

**UVALDE:** 830-591-7396