



## STUDENT ENROLLMENT CERTIFICATION

Semester to Be Verified: SP FA SU WI Year \_\_\_\_\_

**PLEASE PRINT**

Student's Name: \_\_\_\_\_ Today's Date \_\_\_\_\_

CCM Student ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_@student.ccm.edu Daytime Phone: \_\_\_\_\_

**Additional Information Needed (please check all that apply):**

- \_\_\_\_\_ Anticipated Graduation Date
- \_\_\_\_\_ Chargeback – Major \_\_\_\_\_
- \_\_\_\_\_ Complete Attached Form
- \_\_\_\_\_ Other (explain): \_\_\_\_\_

**DELIVERY:** (Please allow 2-3 business days for processing.)

E-Mail to: My CCM email address

**Release:** I hereby authorize County College of Morris to release the above information as requested.

\_\_\_\_\_  
**Student's Signature**