

# ENROLLMENT VERIFICATION REQUEST

ANGELINA COLLEGE  
RECORDS OFFICE  
PO Box 1768  
Lufkin, TX 75902-1768  
Phone: 936-633-5210  
Fax: 936-633-3206

Student Name \_\_\_\_\_ Date: \_\_\_\_\_

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Student ID# \_\_\_\_\_

Semester for Which Verification is Needed: \_\_\_\_\_

Send Verification To: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip

\_\_\_\_\_

Student Signature

\_\_\_\_\_

Date

**If you are requesting enrollment verification for an upcoming semester, please be aware that the Records Office will not be able to process your request until the day after the official census date for that semester. Please see the Academic Calendar in the General Bulletin for census date information.**