

REQUEST FOR VERIFICATION OF ENROLLMENT

STUDENT NAME (Please Print)			
		First	Middle	Last
Signature			MC ID or So	cial Security Number
ADDRESS				
	Street or Box N	Number		City, State, Zip Code
Phone Number ()			Date	
Verification of Enrollment for the			Se	emester
INSURANCE INFO	RMATION			
Name of Policy Holder_			Address	
Policy Holder#			Group#	
PLEASE MAIL TO:			or Please Fax t	o_ ()
				
FOR	OFFICE OF	THE REGIST	RAR USE OF	NLY
ENROLLMENT		Begin Date	End Date	Hours FT or HT
		-		
The information incl	uded herein is	correct.		
Records Assistant			Date	
Please mail or fax thi	ic information	to: Offic	e of the Dagist	rar
i icase iliali di fax lili	.5 miomiauon	Box 4	e of the Regist 4028	uai
			on, MS 39058	
			925-3210 – Of	

601-925-3481 - Fax