



# SNEAD STATE COMMUNITY COLLEGE

Office of Admissions & Records  
PO Box 734, Boaz, AL 35957  
Phone 256.593.5120 • Fax 256.593.7180



## Request for Certification of Enrollment

Name: \_\_\_\_\_ S Number: \_\_\_\_\_

I am requesting a *Certification of Enrollment* for:

- \_\_\_\_\_ Current Term
- \_\_\_\_\_ Previous Term
- \_\_\_\_\_ All Terms of Enrollment

Released to Student

or

Mail To:

Name of Institution/Individual \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

We must have the complete address before we can mail a Certification of Enrollment.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

### FOR OFFICE USE ONLY

Processed By: \_\_\_\_\_ Date: \_\_\_\_\_