

Enrollment Verification Request

Date _____

Student ID Number or Date of Birth _____

Student Name _____

Phone Number _____

Presently Enrolled at IWCC – Yes () No ()

Signature _____

Please send my enrollment verification to: (Please print legibly)

Mail request to:
Iowa Western Community College
Registration Office
2700 College Rd
Council Bluffs IA 51503

Or Fax request to:
(712) 325-3720