



## 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