

**VERIFICATION OF ENROLLMENT OR GOOD STANDING REQUEST FORM**

Office of the Registrar, Claremont McKenna College, 500 Ninth Street, Claremont, California 91711-640 (909) 621-8101 Fax (909) 607-6015

**FULL NAME** \_\_\_\_\_  
Last First Middle Other Name(s) used

**ADDRESS** \_\_\_\_\_

**CITY, ST, ZIP** \_\_\_\_\_

**E-MAIL** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **SOC. SEC. #** \_\_\_\_\_

**Print plainly (for window envelope)**

Send to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE FILL OUT BELOW:**

Today's Date \_\_\_\_\_

ID \_\_\_\_\_

Full Time Status please circle:

Fall Spring Year \_\_\_\_\_

Notations to be included

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of copies \_\_\_\_\_