



# MINERAL AREA COLLEGE

## REQUEST FOR VERIFICATION OF ENROLLMENT OR RELEASE OF INFORMATION

Registrar's Office  
PO Box 1000  
Park Hills MO 63601  
(573) 518-2130  
FAX: (573) 518-2166

Name \_\_\_\_\_

SS # \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Day Phone # \_\_\_\_\_

Are you currently enrolled at MAC? \_\_\_ Yes \_\_\_ No

Semester(s) to be verified \_\_\_ Fall \_\_\_ Spring \_\_\_ Summer Year(s) \_\_\_\_\_

FOR HEALTH INSURANCE please provide parent name & social security number for identification

Parent name \_\_\_\_\_

SS # \_\_\_\_\_

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### **VERIFICATIONS WILL BE PROCESSED ONE (1) WEEK AFTER CLASSES BEGIN**

SEND VERIFICATION OF MY ENROLLMENT, NUMBER OF HOURS ENROLLED, G.P.A. OR OTHER INFORMATION TO:

Company or Representative \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
(Student Signature Required)

\_\_\_\_\_  
(Date)