



Pick-up verification of my enrollment in the Student Services Office on: _____

or

Please send verification of my enrollment at Miller College to:

Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Attention: _____

Please print the following information.

- **Name:** _____
(Be sure to include your full name and maiden name)
- **Student Identification Number or Social Security Number:** _____
- **Telephone Number(s):** _____

Student Signature: _____

Date: _____

Recorded

DATE: _____

INITIALS: _____