



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

or

Please send verification of my enrollment at Miller College to:

<p>Organization: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip Code: _____</p> <p>Attention: _____</p>
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Please print the following information.

<ul style="list-style-type: none">• Name: _____ (Be sure to include your full name and maiden name)• Student Identification Number or Social Security Number: _____• Telephone Number(s): _____
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Student Signature: _____

Date: _____

The Robert B. Miller College is in compliance with State and Federal laws prohibiting discrimination on the basis of race, religion, gender, age, height, weight, national origin, marital status, sexual orientation, or disability. The College is committed to providing equal access to all programs, services and activities to persons with disabilities. This includes compliance with The Americans with Disabilities Act (ADA). Questions should be directed to the Director of Administrative Services, The Robert B. Miller College, 450 North Avenue, Battle Creek, MI 49017-3397, (269) 660-8021.

As circumstances, laws, and regulations change, the College may find it necessary to make changes to this document. For a report of campus crime statistics, please visit <http://ope.ed.gov/security>.

Recorded

DATE: _____

INITIALS: _____