ENROLLMENT VERIFICATION REQUEST

Full Name: _____

| Last | First | Middle |

Cincinnati State Student ID Number
or Last Four Digits only of SSN: _____

Date of Birth: _____

Phone: _____

Email: _____

Would you like the verification to be: ☐ E-Mailed ☐ FAXED ☐ Mailed ☐ Picked up?

Email to:
_____

Mail to:
_____
_____

Fax to:
_____

_____   _____
SIGNATURE   DATE