



**REQUEST FOR VERIFICATION  
OF ENROLLMENT**

Office of the Registrar  
201 W. University  
Odessa, Texas 79764

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
\_\_\_\_\_

Please send verification of my enrollment status for \_\_\_\_\_  
semester(s)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_