



**Talladega College**  
*Office of the Registrar*  
**Verification of Enrollment Request Form**  
**(Full-time or Part-time)**

Name: \_\_\_\_\_ Student ID Number \_\_\_\_\_

Today's Date: \_\_\_\_\_ \* Will pick up \_\_\_\_\_

TIME PERIOD REQUESTED: (SEMESTERS) FALL \_\_\_\_ SPRING \_\_\_\_

Please Mail:

\_\_\_\_\_  
TO:

\_\_\_\_\_  
ADDRESS:

\_\_\_\_\_  
CITY/STATE/ZIP Code

\*If you checked "Will pick up," allow two days after "Today's Date" for completion of verification.

PRINT THIS FORM AND DROP OFF or MAIL TO:

**Office of the Registrar**  
**Talladega College**  
**Talladega, AL 35160**