



# Enrollment Verification Request

(Release of Information Request Form)

Admissions and Records Office • 2046 North Parkway • Jackson, TN 38301

Fax: (731) 425-2653 • Phone: (731) 425-2654 • E-mail: recdocs@jsc.edu

***(Please allow 2-5 business days for processing)***

### Information needing to be verified:

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I will pick up the completed letter or form(s)

Mail to: \_\_\_\_\_  
(Name of Business)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City) (State) (Zip)

Fax to: \_\_\_\_\_  
(Name of Business or Attention to)

\_\_\_\_\_  
(Fax Number)

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Student Name: \_\_\_\_\_  
(Please Print)

JSCC ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Number \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(REQUIRED BY LAW)

Records Office Use Only: Date received: _____ Date Processed: _____ By: _____
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