

MEXICAN AMERICAN CATHOLIC COLLEGE

Registrar's Office | 3115 W Ashby Place | PO Box 28185 | San Antonio TX 78228
210-736-2963 (fax) | 210-732-2156 (phone) | registrar@maccsa.org

Verification of Enrollment

A fee is associated with this request.

Students submitting this form should view the fee schedule before submitting this form.

Instructions: If the recipient utilizes the student's driver license number and/or social security number for identification purposes, the student must provide the number at the special identification line.

A. Student Data

first name middle name last name *special identification* id number

B. Recipient Data

name of individual receiving verification

name of institution receiving verification

address (line 1)

address (line 2)

city state zip country

- Please issue the verification to me.
Please mail the verification to the address noted at the left.
Please fax the verification to the fax number noted below.
Please email the verification to the email address noted below.

phone fax

email

C. Acknowledgement

By signing and dating this form, the student authorizes the Mexican American Catholic College to release enrollment information to the individual/institution defined above.

student's signature (required) date

THE AREA BELOW THIS LINE IS RESERVED FOR OFFICE USE ONLY

registrar's signature date