



Enrollment Verification Form

- ◆ There is no charge for an enrollment verification letter
- ◆ Please allow 3-5 days processing time
- ◆ All financial obligations must be cleared prior to the release of official records

***Adult Education** Contact Davis District Adult Ed Dept. (801-402-0720)
 ***GED** Contact College Assessment Dept. (801-593-2336)

Send Enrollment Verification requests to:

Davis Applied Technology College
Verification Request
 550 East 300 South
 Kaysville, UT 84037
 Telephone: (801) 593-2332
 Fax: (801) 593-2539
 Email: Student.Records@DATC.EDU

Student Information Please check this box if the following information has changed.

| | | | | | |
|--|--|---------------|---|------------------------------|--|
| Student ID or Social Security Number | | | Today's Date | | |
| Name (please print) Last | | First | Middle | Former Name: (if applicable) | |
| Street Address | | City | State | Zip Code | |
| Telephone Number | | Date of Birth | Email Address (Please e-mail notifications <input type="checkbox"/> Yes <input type="checkbox"/> No) | | |
| Program(s) Enrolled In: | | | Dates of Attendance: | | |
| Enrollment Status: <input type="checkbox"/> Half-Time (12-15 hrs/ week) <input type="checkbox"/> Three-quarters Time (16-23 hrs/week) <input type="checkbox"/> Full Time (24-30 hrs/week) | | | <input type="checkbox"/> Include Anticipated End Date Check this box if you are currently enrolled and would like the verification letter to include your anticipated end date. | | |

Recipient of Records

| | | | | |
|---|------|-------|------------|--|
| Delivery Method: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Pick-up Fax Number: _____ Attention: _____ <small>(After 1 month, unclaimed transcripts will be mailed to the address listed above)</small> | | | | |
| Name of Organization: (If more than one address, please attach a list) | | | Attention: | |
| Street | City | State | Zip Code | |
| Please include any special instructions or requests: | | | | |

Signature: (required to process request)

Office Use Only

Fiscal Office Approval: Yes No Initials: _____

Received On: _____ By: _____

Processed On: _____ By: _____ NS LOG