



# Admissions and Records Enrollment Verification Request

To obtain enrollment verification, please print, fill out, and submit (in person or fax: 217.353-2640) the following form to the Admissions and Records Office

\_\_\_\_\_  
Today's Date

Semester Requesting (please check appropriate box(es):

Spring  Summer  Fall  20\_\_\_\_

\_\_\_\_\_  
SSN or Parkland ID #

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Please Print Name (First, MI, Last)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Contact Number

Pick up (allow 2-3 business days)

Please mail to the following name and address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## FOR OFFICE USE ONLY

Full Time  Half Time  Part Time

Spring, Summer, Fall 20\_\_\_\_