Willmar Campus Registration Office 2101 15<sup>th</sup> Ave NW Willmar, MN 56201 320-222-5971 FAX 320-222-5216



A member of the Minnesota State Colleges and Universities System

## **Hutchinson Campus**

Registration Office 2 Century Ave SE Hutchinson, MN 55350 320-222-5971 FAX 320-234-8506

| Enrollment Verification Form  |               |
|---|---------------|
| *NOTE: Enrollment verifications can only be completed after the drop/add period for the term has passed.      |               |
| Name: SSN or Ridgewater ID:   |               |
| Name while enrolled (if different from above):  |               |
| Street Address:   |               |
| City:State:Zip Code:Phon  | e Number:     |
| Verification requested:   |               |
| $\square$ Letter of Ridgewater College Enrollment   |               |
| $\Box$ Complete attached form(s)  |               |
| I request verification of enrollment for the following semester(s):   |               |
| □ Spring  |               |
| □ Summer  |               |
| □ Fall  |               |
| I give Ridgewater College permission to release my enrollment status to the name and address indicated below: |               |
| Student Signature:  | Date:         |
| *** This must be signed before we can release your current enrollment status. ***                             |               |
| Please send verification to this address:   | Office Use:   |
| Name:   |               |
| Attention:  | Updated ISRS: |
| Street:   | Date sent:    |
| City: State: Zip Code:  |               |
| Phone/Fax:  |               |
| Email Address:  |               |