



Enrollment Verification

I hereby authorize Northern New Mexico College to release information concerning my enrollment.

_____ **OR** _____
Full Name (*please print*) Social Security Number Student ID

Physical Address*

_____ **Date**

* A physical address rather than a mailing address is required for this form in order to satisfy certain verification requirements (i.e., Department of Motor Vehicle, insurance companies, etc.). For the same reason, we request your SSN. If you do not wish to provide this information, make certain to put your student ID.

This will certify that the student identified above is/was enrolled at Northern New Mexico College in the following status:

- Full-time time (12 or more credit hours)
- Half-time (6-11 credit hours)
- Less than half-time (1-5 credit hours)

The inclusive dates for this enrollment period are _____ to _____

Certified by:

Office of the Registrar

Date