



Des Moines Area Community College Verification of Enrollment Request Form

DMACC Staff Name _____

SS#/DMACC ID# _____

Date _____

Name _____
(Last) *Please Print* (First) (M)

Request: (Select One)

- Enrollment Verification (Full or part time)
- Loan Deferment
- Good Student Discount for Insurance with GPA
- Enrollment History (All)
- Graduation/Program/Degree
- "DOT" mail/fax within 2 days Pick up within 2 days
- Other _____

Term(s) _____

Year(s) _____

Mail to: _____

Fax to: _____

Fax number: _____

Email to: _____

Email address: _____

(No personal emails-must be DMACC/business/other college)

(Student Signature)

Requests are processed within 3 to 4 business days for mailing, faxing and emailing. Processing time may vary during peak times. Requests are processed in order of receipt.

***All letters generated from the Ankeny Academic Records Office. Special requests may be made through the Ankeny Academic Records Office. (1-800-362-2127 ext. 6565 or 515-964-6565) (Academic Records fax number: 515-964-6391) (Email: verifications@dmacc.edu)**

OFFICE USE ONLY: Program _____ Credits _____ Letter processed _____

Rev. 10/20