

This form can be submitted in the following ways:

Fax: 903-223-3140

**Mail: Attn: Registrar
7101 University Ave
Texarkana, TX 75503**

Scanned & Emailed: registrar@tamut.edu

PLEASE ALLOW FOR A MINIMUM OF 24 HOURS FOR THIS REQUEST TO BE PROCESSED

Enrollment Verification Request

Date: _____ CWID or SS#: _____ Semester: _____

Name: _____

_____ Letter of Intent
(Before Census Date)

_____ Official Proof of Enrollment
(After Census Date)

_____ Mail _____ Fax Number: _____ _____ Pick up
Address:

Additional Comments/Attachments:

Signature: _____

State law requires that you be informed of the following: 1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law; 2) you are entitled to receive and review that information; and 3) you are entitled to have the information corrected at no charge to you.