

Name (Please Print): _____
Student ID: _____
SSN: _____ (SSN will be printed on verification letter)

Verification is needed for: FALL SPRING SUMMER 20_____

What type of certification is needed? (Check all applicable blanks):

- Full-time enrollment (Student must be in at least 12 college credit hours)
- Half-time enrollment (Student must be in at least 6 college credit hours)
- List specific credit hours enrolled
- Anticipated graduation date
- Other (Please specify below): _____

Delivery Options

- Student will pick-up verification letter (allow 2-3 business days for processing)
- Mail verification or Fax letter to: _____

- Additional copies needed? If checked, how many? _____ (up to 3 copies)
 Give names and addresses if different from above: _____

ATTENTION STUDENT!! DO NOT SIGN THIS FORM UNTIL YOU ARE IN THE PRESENCE OF A CCA STAFF MEMBER OR A NOTARY.

This form is valid only if your signature has been witnessed by a CCA staff member or a Notary. You must present valid photo ID at the time of signature.

Student Signature: _____ Date: _____

CCA Staff Initials: _____ Date: _____

If you are unable to present this form in person (with photo ID) to a CCA staff member, CCA will allow you to have your signature witnessed by a Notary and will accept the notary signature in lieu of the CCA staff signature. Please mail or FAX the notarized form to the information below.

The foregoing "FERPA RELEASE FORM" was acknowledged before me by _____
 this _____ day of _____, _____.

Witness my hand and Official seal:

Community College of Aurora
 Enrollment Services
 16000 E. CentreTech Pkwy
 Aurora, CO 80011

 Notary Signature

FAX: 303 361-7432