



**ENROLLMENT VERIFICATION**  
Registrar's Office

TO BE COMPLETED BY STUDENT:

Name \_\_\_\_\_

Address \_\_\_\_\_  
(city) (state) (zip)

Please send verification to \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**TO BE COMPLETED BY RIVERLAND:**

		ENROLLMENT DATES							
FROM	__/__/__	TO	__/__/__	_____	FT	_____	HT	_____	<HT
	__/__/__	TO	__/__/__	_____	FT	_____	HT	_____	<HT
	__/__/__	TO	__/__/__	_____	FT	_____	HT	_____	<HT
	__/__/__	TO	__/__/__	_____	FT	_____	HT	_____	<HT
	__/__/__	TO	__/__/__	_____	FT	_____	HT	_____	<HT
	__/__/__	TO	__/__/__	_____	FT	_____	HT	_____	<HT
	__/__/__	TO	__/__/__	_____	FT	_____	HT	_____	<HT

Registrar's Office

Date

Riverland is asking you to provide information that includes private and/or confidential information under state and federal law. Riverland is asking for this information in order to process this form. You are not legally required to provide the information we are requesting; however, the college may not be able to effectively process this form without it.

Albert Lea Campus  
2200 Riverland Drive  
Albert Lea, MN 56007  
507-379-3300

Austin Campus  
1900 Eighth Avenue NW  
Austin, MN 55912  
507-433-0600

Owatonna College & University Center  
965 Alexander Drive SW  
Owatonna, MN 55060  
507-455-5880