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
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	__ /__ /__	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.