

Enrollment Verification

Name _____

CBC ID _____

School Term Fall _____ Spring _____ Summer _____ All

To be picked up – in Beeville Campus

To be mailed

Business/Name _____

Address _____

City _____ State _____ Zip _____

To be faxed

Fax () _____

Attn: _____

Signature

Date

Coastal Bend College does not discriminate on the basis of race, creed, color, national origin, gender, age or disability.

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