

### Enrollment Verification

Name \_\_\_\_\_

CBC ID \_\_\_\_\_

School Term      Fall \_\_\_\_\_      Spring \_\_\_\_\_      Summer \_\_\_\_\_      All

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To be picked up – in Beeville Campus

To be mailed

Business/Name \_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

To be faxed

Fax (      ) \_\_\_\_\_

Attn: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date