



## Iowa Western Community College Enrollment Verification Request

Date: \_\_\_\_\_

Student ID Number or  
Social Security Number \_\_\_\_\_

Phone \_\_\_\_\_

Presently Enrolled at IWCC – Yes ( ) No ( )

Signature \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Please send my enrollment verification to: (Print only)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mail request to:  
Iowa Western Community college  
Registrar's Office  
2700 College Road  
Council Bluffs, IA 51503  
Or Fax request to:  
(712)325-3720