



Verification of Enrollment Form
Please Return To:
Office of Admissions and Records – CLC 20A
PO Box 5118
1301 W. Roosevelt
Borger, TX 79008-5118
(806) 274-5311 ext. 740
braper@fpc.cc.tx.us

Date: _____

Number of copies needed: _____

My Social Security Number is _____ - _____ - _____

Phone Number: _____

Where would you like them sent: _____

Semester: (Circle one & Please print the year in the parentheses)

Fall() Spring() Summer I() Summer II()

Student's Signature

Print Name

Any Former Names Used

Address

City, State, Zip

This request may be mailed to the address above or can be faxed to 806-273-7642.