



SOUTHWEST OFFICE OF ADMISSIONS/REGISTRAR

TEXAS ★ COLLEGE

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ENROLLMENT VERIFICATION REQUEST

Please Print

SWTX ID: _____ DATE OF BIRTH: _____

LAST NAME: _____ FIRST NAME: _____ MI: _____

PHONE: _____ EMAIL: _____

ENTER YEAR AND CHECK THE SEMESTER(S) YOU WOULD LIKE VERIFIED:

YEAR(S): _____ ☐ FALL ☐ SPRING ☐ SUMMER I ☐ SUMMER II

PLEASE CHECK DELIVERY METHOD:

☐ PICK UP

☐ FAX FAX NUMBER: _____

☐ MAIL **PLEASE PROVIDE THE COMPLETE MAILING ADDRESS:**

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

I hereby grant Southwest Texas College permission to release any information needed for enrollment verification.

STUDENT'S SIGNATURE: _____ DATE: _____

FAX FORM TO THE CORRESPONDING CAMPUS FAX NUMBER:

DEL RIO: 830-703-1565

EAGLE PASS: 830-758-4110

UVALDE: 830-591-7396