

PIKES PEAK STATE COLLEGE

Enrollment Verification/Release Form

5675 South Academy Blvd
Campus Box C8
Colorado Springs, CO 80906-5498

Date: _____

Student Name: _____

Telephone: _____

Student ID: S _____

Semester requested:

Spring 20_____ Summer 20_____ Fall 20_____

Records

- C-CAP
- Military
- Insurance
- Other

Financial Aid

- Dept. of Social Services
- Housing Authority
- Pikes Peak Work Force
- Other

Choose one of the following:

E-Mail: _____

Fax: _____

Pick up: _____

Mail: (3-5 Business days processing time)

Student Signature: _____

(Please allow 3 business days for processing)

The requests can be emailed to records@pikespeak.edu mailed to the above address, or faxed to

719-502-2075