



SOWELA
 TECHNICAL
 COMMUNITY
 COLLEGE

Office of Enrollment Services

3820 Sen. J. Bennett Johnston Ave., Lake Charles, LA 70615
 P.O. Box 16950, Lake Charles, LA 70616-6950
 (337) 491-2688 Office
 (337) 491-2054 Fax

INFORMATION / VERIFICATION REQUEST

Name:		
Social Security Number:		DOB:
Address:		City:
State:	Zip:	Phone:
Department:		Semester info needed for:

- Acceptance / ReAdmittance**
- Full time status**
- GPA**
- Anticipated date of completion**
- Test Scores (Placement test)**

Information to be picked up

Mail to: _____

Fax to: _____

Student Signature: _____ **Date:** _____

For Office Use Only

Date Completed: _____