



Iowa Western Community College Enrollment Verification Request

Date: _____

Student ID Number or
Social Security Number (last four digits) _____

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