

Registrar and Records 19351 West Washington Street Grayslake, IL 60030-1198

Phone: (847) 543-2015 • Fax: (847) 543-3012

Email: records@clcillinois.edu

Student Records Verification

Use this form to request verification of	f information from your CLC student record.	
Name:	CLC Student ID#:	
Student Email:	@stu.clcillinois.edu Phone:	
Information Requested		
Letter of Non-Attendance	☐ Letter of Good Academic Standing ☐ Letter of Pending Graduation State	tus
Complete Attached Form	Other:	
	iced by the National Student Clearinghouse, and can be accessed through MyStuder processed if the Clearinghouse verification is insufficient and additional information	
Do you need verification of your I	Enrollment Status?	
O No O Yes - additional i	nformation needed (required):	
Term(s):	Summer Year:	
Recipient Information		
☐ Mail:		
Name:		
Address:		
City:	State: Postal:	
☐ Fax:		
Email:		
Pick up at the Welcome and O	One Stop Center, Grayslake Campus, Room B114 elease documents.	
○ Myself		
O Someone else:	Relationship:	
Verifications can take 3-5 business da documentation to process.	ys depending on the type of information requested. Some requests may require ad	ditional
	ucational Rights and Privacy Act of 1974 as amended, I hereby authorize the College m my educational record requested to the Recipient above.	of Lake
Student Signature	Date	