



Labette Community College

Admissions Office
200 S. 14th Street
Parsons, KS 67357

Enrollment/Degree Verification

Name _____ Date _____

Student ID # _____ Semester _____

_____ Will pickup (generally ready next working day)

_____ Mail to: _____

_____ Fax to: _____

Signature: _____

Please fax to (620) 421-2309 or mail to address above.