# Enrollment Verification Request Form

**Regular – 10 Business Days $3.00 each (First two regular verifications are free)**

**Rush – 2 Business Days $10.00 each**

| Last Name | Fist Name | Middle Name |
|---|---|---|
| | | |

Student ID Number or Social Security Number

| Address | City | State | Zip Code |
|---|---|---|---|

Email Address                                     Phone Number

Signature                                          Today's Date

➢ _____        _____

Enrollment verifications will not be processed until all outstanding financial obligations to the college and District have been met including fees for the current semester. Any past due fee(s) owed or other student record hold will cause a delay in the processing of your request or a return of request.

Select the type of service you are requesting:

☐ **Rush**      ☐ Pick –up      ☐ Mail Service

☐ **Regular**   ☐ Mail Service Only

Indicate Semester(s) & Year(s) to be verified: ☐ Spring 20____      ☐ Summer 20____      ☐ Fall 20____      ☐ Winter 20____

Mail Verification To:

Name/Agency: _____

Address: _____

City, State Zip: _____

Type of Verification (Please check one):

☐ Official Verification of Attendance
☐ Non Attendance
☐ Teaching Assistant
☐ Child Care (Student Provide the Form)

☐ Good Student Discount (Student Provide the Form)
☐ Student Loan Deferment (No Fee for Regular Service)
☐ Health Insurance (Student Provide the Form
☐ Other: _____

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Admissions and Records Office Use Only

Fee Amount Paid by Student: _____     No. of Verifications Ordered by Student on this Request: _____

Prepared by: _____     Date: _____