



Enrollment Verification

Will be available for pick in 2 business days (after 1pm)

Name: _____

Student ID #: _____ or Social Security #: _____

Date of Birth: ___/___/___ Phone #:(_____)_____

Indicate the type of verification needed:

___ Enrollment ___ Job Training ___ Childcare ___ GPA Verification

___ Housing ___ Insurance Discount ___ Loan Deferment ___ EDD*

___ Verification of Non-Enrollment ___ Teacher Assistant Certificate*

Other: _____

**These verifications will be processed the same day they are requested.*

Term(s): ___ Winter ___ Spring ___ Summer ___ Fall **Year:** 20_____

COMMENTS RELATED TO THIS REQUEST (Optional):

Student Signature: _____

Date: _____

This Section for Authorized Use Only

Date received: _____

Processed: ___ Processed by: _____ Date processed: _____

Not Processed: ___ Reason for not processing: _____

Comments: _____

