Enrollment Verification

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: _____

_____

_____

  Pick up:

   Student Signature: _____   **Date :** ____/_____/20____