



ENROLLMENT VERIFICATION REQUEST

Fill out a separate form for **EACH VERIFICATION REQUEST**. Processing time: 2 days from the date of request.

Student's Name: _____ Social Security Number: _____

Student Email: _____ Phone Number: _____

Enrolled Program: _____ Program Start Date: _____

CHECK ONE (include the year):

Winter Quarter _____

Spring Quarter _____

Summer Quarter _____

Fall Quarter: _____

All Quarters

CHECK ALL THAT APPLY:

In the verification letter, please provide:

Social Security Number

Date of Birth

Student Status

Courses and Number of Credits Enrolled

Grades

DELIVERY OPTIONS:

Pick Up.....Date of Pick Up: _____

Fax to: _____

Send to: _____

Student Signature: _____ Date: _____

OFFICE OF THE STUDENT SERVICES ONLY (DO NOT FILL IN THIS SECTION)

Processed By: _____ Date: _____