

VERIFICATION REQUEST

IMPORTANT! PLEASE PRINT AND PRESS HARD — YOU ARE MAKING 3 COPIES

LAST NAME	FIRST NAME	M.I.
SOC. SEC./STUDENT I.D. NO.	MAIDEN /PRIOR NAME	DATE OF BIRTH
ADDRESS - STREET AND NUMBER	PHONE NUMBER	
CITY	STATE	ZIP CODE
THE FEDERAL FAMILY EDUCATIONAL RIGHTS & PRIVACY ACT OF 1974 (FERPA) STATES THAT ONLY THE STUDENT MAY AUTHORIZE RELEASE OF HIS/HER ACADEMIC RECORD		
MAIL VERIFICATION TO: PRINT CLEARLY – THIS IS YOUR MAILING LABEL		

ENROLLMENT VERIFICATION FOR:

- CAR INSURANCE – GOOD STUDENT DISCOUNT
- CHILD CARE
- LOAN DEFERMENT
- GOOD STANDING – FOR UNIVERSITY APPLICATIONS
- DEGREE / CERTIFICATE AWARDED
- NON-ATTENDANCE
- DATES OF ATTENDANCE (BY TERM or START–FINISH)
- PREVIOUS SEMESTER ENROLLMENT
(UNITS GPA BOTH) Indicate below which semester/s.
- CURRENT ENROLLMENT** _____ **semester**
- OTHER (Specify Below)

TYPE OF SERVICE REQUESTED:

- REGULAR SERVICE (\$3.00 per request)
- RUSH SERVICE (\$6.00 per request)

DO NOT SEND
VERIFICATION

CHECK BOX
FOR PICKUP

STUDENT'S SIGNATURE _____ AMT _____ BY _____ DATE _____