

Requests will not be processed until completion  
 of the 3<sup>rd</sup> week of the current term

# ENROLLMENT/ATTENDANCE VERIFICATION REQUEST

**STUDENT INFORMATION**

Last Name	First Name	Middle Name	Student ID #	Date of Birth
Address			Telephone #	
City	State	Zip Code	EMAIL ADDRESS	

Are you currently registered for classes?  YES  NO Program of Study \_\_\_\_\_

**Reason for request:**

- AB 540/ AB 2000/ SB 68  
 (Exemption from non-resident tuition)
- DREAM Act / Deferred Action
- Insurance \_\_\_\_\_
- Benefits \_\_\_\_\_
- Other

**EMAIL TO:**

- Email address above
- Other email address

Email address: \_\_\_\_\_

Students are entitled to two (2) free copies of their records (which includes transcripts and/or enrollment verifications). Depending on the previous number of records that you have received, this request may incur a fee of:

**\$5.00 per request**

**Please allow 10 business days for processing after the 3<sup>rd</sup> week of the term**

**PLEASE NOTE:** Verification letters may include any or all of the following information: your program of study, your first date of attendance at our institution, the total number of hours you have attended to date, the number of hours that you have attended for the previous and current term, etc.

**BY SIGNING THIS FORM, YOU ARE ACKNOWLEDGING THAT YOUR ATTENDANCE HISTORY/HOURS WILL BE INCLUDED.**

**STUDENT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

<b>OFFICE USE ONLY</b>	
Received By: _____	ID Verified (Type): _____
Payment (3VER) <input type="checkbox"/> N/A <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit/Debit <input type="checkbox"/> Money Order	
Processed By: _____	Date Emailed: _____
NOTES: _____	

**TOTAL AMOUNT DUE**

**\$ \_\_\_\_\_**