



Verification of Enrollment

Office of Admissions and Records

OFFICE USE ONLY

- S011 _____
- Amount Paid _____
- Receipt No _____
- Pick-up On _____
- No Charge _____
- Initials _____

Name: _____		Student ID#: _____
Last	First	Date of Birth: _____
Address: _____		Email: _____
Number	Street	
City	State	Zip
Any other Name Used _____		Contact Number: _____

Regular Verification (Mail only, no pick up option available): Regular Verification is \$3.00 per copy. Verification will be processed and mailed within 10 working days from the date of receipt.

Emergency Verification
 Mail Service Only
 Pick up Service Only

Emergency Verification is \$10.00 per copy. Emergency verification will be processed on the spot and ready for pick-up during post hours. Emergency mailed verification will be processed within 2 working days from the date of receipt.

Semester/Year (please check one):

Winter _____
 Spring _____
 Summer _____
 Fall _____

Year Year Year Year

Mail Verification To:

Name/Agency: _____

Address: _____ City: _____ State: _____ Zip: _____

Type of Verification (Please check one):

<input type="checkbox"/> Official Verification of Attendance/Non Attendance <input type="checkbox"/> Teaching Assistant <input type="checkbox"/> Child Care (You Provide the Form) <input type="checkbox"/> Good Student Discount (You Provide the Form)	<input type="checkbox"/> Health Insurance (You Provide the Form) <input type="checkbox"/> Student Loan Deferment (No Fee for Regular Service Only. Rush Service is a \$10.00 Fee) <input type="checkbox"/> Other: _____
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Student Signature: _____ Date: _____

(Authorization for release of information)

Office use only

Processed by: _____ Date: _____