



DATE RECEIVED

INITIALS

# Request for Verification

Please Print

### STUDENT'S INFORMATION

STUDENT ID \_\_\_\_\_ LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Are you currently enrolled at American River College?  Yes  No

### I AM REQUESTING TO VERIFY (CHECK THE BOXES WHICH APPLY):

<input type="checkbox"/> CURRENT SEMESTER ENROLLMENT:	<input type="checkbox"/> PAST ENROLLMENT: WHICH SEMESTERS?	<input type="checkbox"/> GPA	<input type="checkbox"/> DEGREE
<input type="checkbox"/> SUMMER	_____	<input type="checkbox"/> ANTICIPATED GRAD DATE: _____	
<input type="checkbox"/> FALL		<input type="checkbox"/> OTHER: _____	
<input type="checkbox"/> SPRING <b>20</b> YEAR	<input type="checkbox"/> CHECK HERE TO VERIFY ALL SEMESTERS		

### REASON FOR VERIFICATION

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE

DATE

**MAIL TO:** \_\_\_\_\_ NAME OF COMPANY OR PERSON \_\_\_\_\_ ATTENTION: \_\_\_\_\_

**FAX TO:** \_\_\_\_\_ ADDRESS \_\_\_\_\_ FAX: \_\_\_\_\_

**or**

\_\_\_\_\_ CITY / STATE / ZIP \_\_\_\_\_

**I WILL PICK-UP: DO NOT MAIL OUT** **I UNDERSTAND THAT RELEASE OF VERIFICATION REQUIRES SHOWING VALID PHOTO ID**

**FOR OFFICE USE ONLY:**

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date Processed: \_\_\_\_\_

Contact Tracking: \_\_\_\_\_

Processed by: \_\_\_\_\_

CONTACT NAME / NUMBER \_\_\_\_\_

on PDF

by FAX

by Mail

Envelope provided