



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"/> SUMMER <input type="checkbox"/> FALL <input type="checkbox"/> SPRING 20____ <small>YEAR</small>	<input type="checkbox"/> PAST ENROLLMENT: WHICH SEMESTERS? <input type="checkbox"/> CHECK HERE TO VERIFY ALL SEMESTERS	<input type="checkbox"/> GPA <input type="checkbox"/> ANTICIPATED GRAD DATE: _____ <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> DEGREE
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REASON FOR VERIFICATION

SIGNATURE _____ DATE _____

MAIL TO: _____ NAME OF COMPANY OR PERSON _____ FAX: _____

EMAIL TO: _____ ATTENTION: _____

EMAIL ADDRESS: _____

I UNDERSTAND THAT RELEASE OF VERIFICATION REQUIRES SHOWING VALID PHOTO I OR AUTHORIZED RELEASE D AND ALL ELECTRONIC REQUESTS WILL BE ENCRYPTED AGAINST ANY TAMPERING.

FOR OFFICE USE ONLY:

Comments _____

_____ Date Processed: _____

Contact Tracking: _____ Processed by: _____

CONTACT NAME / NUMBER _____

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