

## Verification of Enrollment Request

Please complete these form and submit to our custodian of records office by fax (650) 573-5741

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student ID or Diver License #: \_\_\_\_\_

Telephone # where you can be reached regarding this request: \_\_\_\_\_

**Dates & Classes to Verify:** \_\_\_\_\_

**Send to:** (*Note: We only send verifications DIRECTLY to the company*)

**DIRECT** mailing address of Company:

**DIRECT** fax number of Company:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DIRECT** name of Supervisor

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Special Instructions:*

\_\_\_\_\_

\_\_\_\_\_

**Please Note:** I understand all verifications will be mailed or faxed to the requesting Company. In addition to being mailed or faxed verifications may be received in an unsecured area, therefore the college is not responsible for lack of document confidentiality.

**Signature:** \_\_\_\_\_

*This form will not be processed without the student's signature*