

**RECORDS RELEASE AUTHORIZATION
SHASTA COLLEGE ADMISSIONS AND RECORDS OFFICE
11555 Old Oregon Trail – P.O. Box 496006 Redding, CA 96049-6006**

NOTE: In compliance with Federal Status (Public Law 93-380)the educational record of a student 18 years or older cannot be released without that student's consent. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS TO COMPLETE ALL VERIFICATIONS. DUE TO THE INCREASE IN VOLUME OF ENROLLMENT VERIFICATIONS WE ARE REQUIRED TO PROCESS, ANY OTHER FORMS WE RECEIVE WILL BE ATTACHED FOR REFERENCE

STUDENT COMPLETES

MAIL OFFICIAL VERIFICATION REQUEST TO (include complete address)

DESCRIBE WHAT INFORMATION IS TO BE VERIFIED

STUDENT INFORMATION:

NAME (PRINT): _____ SSN/ID# : _____
 First MI Last

ADDRESS: _____ TELEPHONE # : () _____
 Street City State Zip code

DATE OF BIRTH: _____ PRIOR NAMES: _____

AUTHORIZED BY: Student Signature _____ DATE: _____

ADMISSIONS AND RECORDS OFFICE COMPLETES

VERIFICATION OF STUDENT ENROLLMENT

US DEPT OF ED SCHOOL CODE: 001289

The following information is in reference to the student identified above:

VERIFICATION OF ACCEPTANCE: An application to attend Shasta College is on file. Pursuant to our open door policy, the above named student is admissible to Shasta College without any further approval. Our institution offers course work that can lead to an Associate of Arts Degree and/or transfer to a four-year institute, as well as vocational course work. Shasta College is accredited by the Accrediting Commission for Community and Junior Colleges of the Western Association of Schools and Colleges.

Registration for the _____ semester begins _____. Dates of semester term are: _____

CURRENT ENROLLMENT: WE VERIFY ENROLLMENT IN CURRENT TERM AS OF DATE OF SIGNATURE ONLY.

Dates of semester term are: _____ Currently enrolled in: _____ semester units which is defined as

Full-time status	Half-time status	Less than half-time status
(12 semester units or more)	(6 -11semester units)	(less than 6 semester units)

DECLARED MAJOR : _____

PRIOR ENROLLMENT INFORMATION: We verify prior academic years up to 4 years unless otherwise requested.
 (FT= full-time status HT= half-time status LTH = less than half-time status as defined above)

FALL _____	FT HT LTH	SPRING _____	FT HT LTH	SUMMER _____	FT HT LTH
FALL _____	FT HT LTH	SPRING _____	FT HT LTH	SUMMER _____	FT HT LTH
FALL _____	FT HT LTH	SPRING _____	FT HT LTH	SUMMER _____	FT HT LTH
FALL _____	FT HT LTH	SPRING _____	FT HT LTH	SUMMER _____	FT HT LTH

DEGREE EARNED/DATE AWARDED: _____ CUMULATIVE GPA: _____

FEES PAID: _____ FOR THE _____ SEMESTER/ACADEMIC YEAR

UNABLE TO RELEASE REQUESTED INFORMATION WITHOUT WRITTEN RELEASE FROM THE STUDENT

UNABLE TO LOCATE RECORDS ON STUDENT BASED ON INFORMATION PROVIDED

SIGNED: _____ DATE: _____

Admissions & Records Office

OFFICE USE ONLY

Received By: _____ Fees Collected: _____ Mail for Student _____ Student Pick-up _____
 Evaluated By: _____ Transcript annotated: _____ Date Received: _____ Date mailed: _____ Attachment _____