# 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 93-3801)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_____**
**Records Release Authorization/Rev 1/06**