**SHASTA COLLEGE ADMISSIONS AND RECORDS OFFICE**

# REQUEST FOR VERIFICATION OF ENROLLMENT

STUDENT'S NAME: _____
LAST FIRST MIDDLE

ADDRESS:_____
STREET CITY STATE ZIP CODE

DAY PHONE: (_____)_____SSN/ID#:_____

DATE OF BIRTH:_____PRIOR NAMES: _____

SIGNATURE: _____DATE:_____

Please mail enrollment verification to:_____

_____

_____

**ENROLLMENT VERIFICATIONS CERTIFY UNIT LOAD, DATES OF ATTENDANCE FOR CURRENT OR PRIOR TERMS AND DEGREES OR CERTIFICATES. THE FIRST TWO ENROLLMENT VERIFICATIONS AND/OR TRANSCRIPT REQUESTS ARE FREE AND SUBSEQUENT VERIFICATIONS ARE $3.00 EACH (include check or money order payable to SHASTA COLLEGE when mailing this form to our office).**

**SEMESTER TO BE VERIFIED**:

**FALL_____ SPRING_____ SUMMER_____ YEAR_____**

Note: Allow a minimum of five (5) business days for verification to be completed once it is received by our office. Rush requests will be handled time permitting and/or /volume of requests pending.

**DEGREE EARNED/DATE AWARDED**:_____

**CUMULATIVE GPA**:_____

**ONCE YOU HAVE DOWNLOADED AND COMPLETED THE FORM:**

- **REMEMBER TO SIGN THE FORM**
- **INCLUDE ANY REQUIRED DOCUMENTS AND/OR RELATED FEES**
- **MAIL TO:**

**SHASTA COLLEGE ADMISSIONS & RECORDS**
**ATTN: Verifications**
**P O BOX 496006**
**REDDING, CA 96049**

*Official Use Only*
Date Verified:_____ By:_____

Verification #2/Rev 3/05