



11460 Warner Avenue
 Fountain Valley, CA 92708
 Phone: (714) 241-6176
 Fax: (714) 241-6288

Send Request

- Regular (Allow 5 Business Days) \$5 per copy
- RUSH (Pick-up or Mailed within 2 business days) - Additional \$5 per copy

Student ID: _____

Verification of Enrollment

Name: _____

Last
First
Middle

Address: _____

Street Address
City
State
Zip Code

Phone Number: () - _____
Date of Birth: _____

_____ **Signature** _____ **Date** _____

Information to be Verified

Semester: Fall Spring Summer
Year: _____

Status: Full-Time(12+ Units) Less than Half-Time (0.5-5.5 Units)
 Half-Time (6-11.5 Units) Non Enrollment

Number of Copies: _____

Mailing Options:

- Hand Carry
- Mail to address listed above
- Please complete the attached form(s)

Mail to: _____

Method of Payment

Check Money Order Credit Card: Visa MasterCard Discover
 Credit Card No.: _____ Exp. Date: _____ Billing Zip Code: _____
 Authorizing Signature: _____ Date: _____