

## **VERIFICATION REQUEST FORM**

- Enrollment Verification takes (5) business days for processing (with some exceptions).
- If sending verifications to different recipients, please use a separate form for each recipient.

Email completed form to: admissions@gavilan.edu or drop form off at Admissions & Records Office: SC - Student Center Building

STUDENT INFORMATION			
Student ID: G#	Last Name:		First Name:
Mailing address:			
City, State, Zip Code:			
Date of Birth:		Contact Phone #:	
Email:		Are you currently	enrolled: Yes No
TYPE OF INFORMATION TO BE VERIFIED			
Verification of Enrollment for Term(s):			(Term/Year: e.g: Fall 2022)
TYPE:			
☐ Verification of degree(s) earn	ed at Gavilan Colle	ge.	
Letter of Non-Attendance / Verify non-enrollment			
Complete the attached form (e.g; Training verification for Child Care, Insurance, Housing, etc.)			
Special instructions:			
DELIVERY OPTION / PICK UP			
☐ I will pick up the Verification at the Office of Admissions & Records. (Photo ID required at the time of pick up).			
Third-Party will pick up the Ventor of the ID required at the time of Designated Third-Party	f nick up. Designated	nerson must match l	Name helow )
Email verification to:		First Name	Last Name
Email verification to:	Name OR Institution		Email Address
☐ Mail verification to: (1 request form per address listed). PRINT complete name of recipient & address:			
Name OR Institution:			
Attention:			
Address (Number, Street):			
City, State & Zip Code:			
Special instructions:			
ne purpose of verification.	ent named on the form,	and I authorize release	Gavilan College to release the information for
Student signature			Date