VERIFICATION REQUEST FORM

Cost: $3, Regular-10 working days, $10, Rush-2 working days

Student's Name			Student ID #
Last	First	MI	88- -
Birth date (MM/DD/YYYY)	Telephone No. ( ) -		Message Telephone No. ( ) -

INDICATE SEMESTER(S) & YEARS TO BE VERIFIED:

☐ **Spring 20_____** ☐ **Summer 20_____** ☐ **Fall 20_____** ☐ **Winter 20 _____**

I AM REQUESTING: **NUMBER OF COPIES_____**
(CHECK ONLY ONE BOX)_

☐ VERIFICATION OF ENROLLMENT

Indicates the number of **active units** as of the current date and whether you are enrolled full-time (12 or more units), ¾ time (9-11units), ½ time (6-8 units) or less-than ½ time (less than 6 units). Includes the semester start and end dates. Summer and Winter sessions are full-time (4 units), and ½ time (2 units).

Available Options: ☐ Major ☐ Birth date ☐ Cumulative G.P.A. ☐ Residency

☐ WORK IN PROGRESS

Lists classes enrolled for **current semester or session** with add and drop dates and total active units as of the current date. Includes a statement of full-time, ¾ time, ½ time, or less than ½ time status as of the current date.

☐ GOOD STUDENT AUTO INSURANCE DISCOUNT VERIFICATION

Designed to satisfy the requirements of automobile insurance discount programs. Includes the current active units, whether or not you have a "B" average in the **immediately preceding** semester and whether or not you have an overall grade point average of 3.00 ("B") or better.

☐ VERIFICATION OF NON-ENROLLMENT

A letter verifying **non-enrollment** for semester(s) indicated.

Important Note: No verifications will be processed until all financial obligations within the Los Angeles Community College District are paid.

MAIL VERIFICATION TO:
Please Print

_____
Name

_____
Street

_____
City State Zip

_____ _____
Student's Signature Date
(PARENTS OF MINOR STUDENTS MUST HAVE WRITTEN PERMISSION FROM THE STUDENT)

FOR OFFICE USE ONLY

CLERK:_____ ☐ No Holds ☐ Mail ☐ Fee Paid $_____
☐ Emergency ☐ For Pick up

Prepared by:_____Mailed: _____ P/U: _____ Reorder: _____