



After completing and signing this form, submit to Office of Admissions & Records, Bldg. 700
 or mail to: Chabot College
 Admissions & Records
 Enrollment Verification Processing
 25555 Hesperian Boulevard
 Hayward, California 94545

ENROLLMENT VERIFICATION REQUEST

Date of Request: _____ - _____ - _____

Number of copies requested: _____

W ID/SS Number: _____

Are you currently enrolled? Yes No

<p style="text-align: center;">(Please Print Clearly)</p> <p>Name: _____ <small style="margin-left: 40px;">Last</small> <small style="margin-left: 100px;">First</small> <small style="margin-left: 100px;">Middle</small></p> <p>Street Address: _____</p> <p>City, State, ZIP: _____</p> <p>Telephone: _____</p> <p>Birthdate: ____ / ____ / _____</p> <p>Other name or alias: _____</p>	<p>TYPE OF INFORMATION TO BE VERIFIED: <i>If no box is checked, a verification of enrollment for the current term will be processed.</i></p> <p><input type="checkbox"/> Verification of enrollment for _____ <small style="margin-left: 150px;">(Term/Year)</small></p> <p><input type="checkbox"/> Verification of degree(s) earned at Chabot College</p> <p><input type="checkbox"/> Letter of Non-Attendance</p> <p><input type="checkbox"/> Complete the attached inquiry form (e.g. Loan Deferment forms, Training Verification form for Child Care)</p> <p>Special Instructions: _____</p> <p>_____</p>
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PLEASE CHECK ONE:

- I will pick up verification at the Office of Admissions & Records. (Photo ID required at time of pick up)
- Send verification to: (1 request form per address listed) ~ **(Please print complete name of recipient & address legibly)**

Signature of student authorizing release of enrollment verification: _____ Date: _____

ENROLLMENT VERIFICATION POLICIES

1. Please allow three (3) business days for processing (with some exceptions).
2. Chabot College will forward record of work completed at Chabot College and Las Positas College only. Information regarding course work completed at other institutions is NOT included.
3. If sending verifications to different recipients, please use a separate form for each enrollment verification request.

Please mail this completed form to:
 Chabot College
 Admissions & Records
 Enrollment Verification Processing
 25555 Hesperian Blvd.
 Hayward, CA 94545

FOR OFFICE USE ONLY

Received By: _____ Date Processed: ____ / ____ / _____