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

ENROLLMENT VERIFICATION REQUEST

Date of Request: _____ - _____ - _____ Number of copies requested: _____

Social Security Number: _____ - _____ - _____ Are you currently enrolled? ❑ Yes ❑ No

Name: _____
Last First Middle

Street Address: _____

City, State, ZIP: _____

Telephone: _____

Birthdate: ___ ___ / ___ ___ / ___ ___ ___ ___

Other name or alias: _____

TYPE OF INFORMATION TO BE VERIFIED:
If no box is checked, a verification of enrollment for the current term will be processed.

- ❑ Verification of enrollment for _____ (Term/Year)
- ❑ Verification of dates of attendance at Chabot College
- ❑ Verification of degree(s) earned at Chabot College
- ❑ Complete the attached inquiry form

Special Instructions: _____

_____

PLEASE CHECK ONE:

- ❑ I will pick up verification at the Office of Admissions & Records.
- ❑ Send verification to:

_____

_____

_____

_____

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

ENROLLMENT VERIFICATION POLICIES

1. Please allow at least five (5) business days for processing.
2. Chabot College will forward record of work completed at Chabot College and/or 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.

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Chabot College
Enrollment Verification Processing
25555 Hesperian Blvd.
Hayward, CA 94545

FOR OFFICE USE ONLY

Received By: _____ Date Sent: ___ ___ / ___ ___ / ___ ___ ___ ___