15744 Goldenwest St
Huntington Beach CA 92647
Phone: (714) 895-8306
Fax: (714) 895-8960

Send Request
- ☐ Regular (Allow 3 Business Days) $5 per copy
- ☐ RUSH (Pick-up or Mailed within 1 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) ☐ Half-Time (6-11.5 Units) ☐ Less than Half-Time (0.5-5.5 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: _____