PVC ENROLLMENT VERIFICATION

PRINT OUT THIS FORM AND BRING OR MAIL TO CAMPUS

STUDENT INFORMATION

CURRENT NAME _____ SSN/STUDENT ID _____
                    Last   First   Middle

OTHER NAMES USED AT PVC _____ BIRTHDATE _____

CONTACT PHONE NUMBER or EMAIL ADDRESS _____

DELIVERY INFORMATION

Mark **ONE** of the following delivery options
(A separate Enrollment Verification is required for each option):

☐ Mail (complete mailing information)

☐ Pick-up (destroyed after 3 weeks if not picked up)

Complete if **Mail** was marked (Verifications will be mailed *exactly* as written below):

Name (person or institution) _____

Attention (person or department) _____

Address _____

City _____ State _____ Zip_____

ORDER INFORMATION: **Number of Copies: _____**

Verifications will take 2-3 business days to complete

ADDITIONAL INFORMATION:

☐ Term verification for: ☐ Summer 20___   ☐ Fall 20___   ☐ Spring 20___

☐ Include fee/payment information   ☐ Include Grade Point Average (GPA)

NOTE:
- Enrollment Verifications may not be requested or released over the counter without **valid Photo I.D.** If requested by a third party, there must be **written authorization** from the student with a copy of the **student's I.D.**, and the third party must have a **valid Photo I.D.**
- Verifications will not be released until all financial obligations to the college have been paid.

STUDENT SIGNATURE _____ DATE _____

Palo Verde College Campus
Registrars Office
One College Drive
Blythe, CA 92225
(760) 921-5500

OFFICE USE: Received by _____   Date _____