PLEASE ALLOW 2 WORKING DAYS FOR PROCESSING

Accepted by_____
Date_____
SOAHOLD____TSAAREV____

ENROLLMENT VERIFICATION RELEASE
FOOTHILL COLLEGE
ADMISSIONS & RECORDS OFFICE

Please Print Clearly.

Name: _____
Last First M.

STUDENT ID NUMBER: _____ - _____ - _____

ADDRESS: _____
No. Street Apt #

_____
City State Zip

Email: _____

I request verification of the following information*. (Be specific)

Quarter:		Year:	Status:	
___Fall	___Spring	20___	___FT	___Units
___Wntr	___Sum		___PT	___GPA

Other (Be specific): _____
_____
___ FAX Number To Receive Verification: _____
___ Name of form or company: _____
___ Will pick up in Admissions Office
___ Please mail in the attached envelope (Envelope with correct postage required)

SIGNATURE: _____DATE: _____

●●●●●●●●●●●●●●●●●●● Office use only●●●●●●●●●●●●●●●●●●●
Verified by: _____
Date: _____

***Financial Aid verifies: loan deferments, grants, welfare forms, financial aid, financial aid transcripts, etc.**

Foothill College Admissions and Records
12345 El Monte Rd Los Altos Hills Ca 94022
FAX 650-949-7048