

Requests will not be processed until completion of the 3rd week of the current term

ENROLLMENT/ATTENDANCE VERIFICATION REQUEST

STUDENT INFORMATION

Last Name	First Name	Middle Name	Student ID #	Date of Birth
Address			Telephone #	
City		State	Zip Code	

Are you currently registered for classes? YES NO **Program of Study** _____

Reason for request:

- AB 540 (Exemption from non-resident tuition)
- DREAM Act / Deferred Action
- Insurance
- Benefits _____
- Other _____

Please check one:

- PICK UP AT WILSHIRE RECORDS OFFICE:**
Call me at _____
- MAIL TO:**
 - Address above
 - Other address

If a third party address is provided, your signature below indicates consent to release records

Students are entitled to two (2) free copies of their records (which includes transcripts and/or enrollment verifications). Depending on the previous number of records that you have received, this request may incur a fee of:

\$5.00 per copy

Number of copies: _____

Name/Institution _____
Address _____

Please allow 10 business days for processing after the 3rd week of the term

PLEASE NOTE: Verification letters may include any or all of the following information: your program of study, your first date of attendance at our institution, the total number of hours you have attended to date, the number of hours that you have attended for the previous and current term, etc.

BY SIGNING THIS FORM, YOU ARE ACKNOWLEDGING THAT YOUR ATTENDANCE HISTORY/HOURS WILL BE INCLUDED.

STUDENT'S SIGNATURE: _____ **DATE:** _____

OFFICE USE ONLY	
Received By: _____	ID Verified (Type): _____
Payment (3VER) <input type="checkbox"/> N/A <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit/Debit <input type="checkbox"/> Money Order	
Processed By: _____	Date Mailed / Ready For Pick Up: _____
NOTES: _____	

TOTAL AMOUNT DUE

\$ _____