VERIFICATION REQUEST FORM

Admissions & Records Office, 3000 Mission College Blvd., Santa Clara, CA 95054-1897

Instructions: Please complete the following verification request form completely. Please allow **two (2) business days** to complete your request.

Name: _____ Phone: _____
Last First Middle

College ID#: _____ E-mail: _____

Signature: _____ Date: _____

Request verification for: Semester(s): _____ Year: _____

Verifications can either be picked up or mailed: (please check one) ☐ Mail to: _____

_____

_____

☐ Pick-up:

Special Instructions

_____

_____

_____

_____

Fax: _____

For Office Use Only:
Date Received:_____ Initial:_____
Complete Date: _____ Initial:_____

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