



After completing and signing this form, submit to Office of Admissions & Records, Building 700

or mail to:

Chabot College
Enrollment Verification Processing
25555 Hesperian Boulevard
Hayward, California 94545

ENROLLMENT VERIFICATION REQUEST

Date of Request: _____ - _____ - _____

Number of copies requested: _____

W ID Number: _____

Are you currently enrolled? Yes No

(Please Print Clearly)	TYPE OF INFORMATION TO BE VERIFIED: <i>If no box is checked, a verification of enrollment for the current term will be processed.</i> <input type="checkbox"/> Verification of enrollment for _____ (Term/Year) <input type="checkbox"/> Verification of attendance at Chabot College <input type="checkbox"/> Verification of degree(s) earned at Chabot College <input type="checkbox"/> Letter of Non-Attendance <input type="checkbox"/> Complete the attached inquiry form Special Instructions: _____ _____
Name: _____ Last First Middle	
Street Address: _____	
City, State, ZIP: _____	
Telephone: _____	
Birthdate: ____ / ____ / _____	
Other name or alias: _____	

PLEASE CHECK ONE:

- I will pick up verification at the Office of Admissions & Records. (Photo ID required at time of pick up)
- Send verification to: (1 request form per address listed)
(Please print complete name & address legibly)

Signature of student authorizing release of enrollment verification: _____ Date: _____

ENROLLMENT VERIFICATION POLICIES

1. Please allow three (3) to five (5) business days for processing.
2. Chabot College will forward record of work completed at Chabot College and Las Positas College only. Information regarding course work completed at other institutions is NOT included.
3. If sending verifications to different recipients, please use a separate form for each enrollment verification request.

Please mail this completed form to:
Chabot College
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25555 Hesperian Blvd.
Hayward, CA 94545

FOR OFFICE USE ONLY

Received By: _____ Date Sent: ____ / ____ / _____