



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: _____
Last First Middle Phone: _____

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: _____