



Orange Coast College  
 2701 Fairview Road, P.O. Box 5005  
 Costa Mesa, CA 92628-5005  
 Student Records Office  
 (714) 432-5072  
 www.orangecoastcollege.com

**STUDENT VERIFICATION REQUEST**

**STUDENT INFORMATION**

Last Name	First Name	SSN/Student ID Number	Today's Date
Street Address		( )	Date of Birth
City	State	Zip Code	Student's signature

Number of copies \_\_\_\_\_

**INFORMATION YOU WANT VERIFIED-PLEASE CHECK THE APPROPRIATE BOX/ES**

- |  |   |   |  |
|--|---|---|--|
| <b>1) ENROLLMENT STATUS</b><br><input type="checkbox"/> Full-time (12 units)<br><input type="checkbox"/> Half-time (6-11.5 units)<br><input type="checkbox"/> Less than half-time (5.5 units or less)<br><input type="checkbox"/> Never enrolled | <b>2) ENROLLED ONLY (No units stated on letter)</b><br><input type="checkbox"/> | <b>3) FEES PAID</b><br><input type="checkbox"/> | <b>4) GRADE POINT AVERAGE</b><br><input type="checkbox"/> Cumulative<br><input type="checkbox"/> Specific Semester |
|--|---|---|--|

- SEMESTER TO BE VERIFIED:**
- |                                 |                                     |
|---------------------------------|-------------------------------------|
| <input type="checkbox"/> Fall   | <input type="checkbox"/> Year _____ |
| <input type="checkbox"/> Spring | <input type="checkbox"/> Year _____ |
| <input type="checkbox"/> Summer | <input type="checkbox"/> Year _____ |

Please complete the attached form instead of typing a letter

Other information to be verified: \_\_\_\_\_  
 \_\_\_\_\_

My address indicated above      OR MAIL TO: \_\_\_\_\_

Pick-up (additional fee) \_\_\_\_\_  
 \_\_\_\_\_

The first two requests for transcripts and/or verifications are free of charge. A \$3.00 processing fee is charged for each additional transaction. Verifications can also be requested through our online service.

Office Use Only	Date: _____	By: _____	Paid: _____
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