



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

STUDENT VERIFICATION REQUEST

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

Number of copies _____

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

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

- | | |
|---|-------------------|
| <input type="checkbox"/> My address indicated above | OR MAIL TO: _____ |
| <input type="checkbox"/> Pick-up in two business days (additional fee) | _____ |
| <input type="checkbox"/> Rush mail (mailed in 2 business days) (additional fee) | _____ |

The first two requests for transcripts and/or verifications are free of charge. A \$5.00 processing fee is charged for each additional transaction. Verifications can also be requested through our online service.

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