

IMPERIAL VALLEY COLLEGE
Verification of Enrollment Request Form

Instructions: Complete and sign this form. Fax, mail or deliver it to the IVC Admissions and Records Office. If you **OWE MONEY** to the college or have a hold on your record, your verification will not be processed until your obligations are met. **There is a \$2.00 charge per verification.**

PROCESSING TIME: 2 TO 3 WORKING DAYS

Student's Name _____
Last First Middle

Student ID# G00 _____ **Birth Date** _____
Month/Day/Year

Address _____
Street/PO Box City State & Zip Code

Phone Number () _____ **E-mail Address** _____

Semester(s) and year(s) enrollment verification should include:

- | | |
|--|--|
| <input type="checkbox"/> Winter _____
Year | <input type="checkbox"/> Spring _____
Year |
| <input type="checkbox"/> Summer _____
Year | <input type="checkbox"/> Fall _____
Year |

1st Copy

I will pick up

Please Mail To:

Name

Street

City, State, Zip

2nd Copy if needed

I will pick up

Please Mail To:

Name

Street

City, State, Zip

Student's Signature _____

Office Use Only: Amount Due \$ _____ Pd // Date Sent _____ By _____