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:

☐ Winter Year
☐ Summer Year
☐ Spring Year
☐ 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 ____________

(5/01/09)