



Las Positas College
 3000 Campus Hill Drive
 Livermore, CA 94551
 Tel: (925) 424-1500
 Fax: (925) 606-6437
 www.laspositascollege.edu

After completing and signing this form, submit to
 Office of Admissions & Records, Building 700
 or mail to:
 Las Positas College
 Enrollment Verification Processing
 3000 Campus Hill Drive
 Livermore, California 94551

ENROLLMENT VERIFICATION REQUEST

Date of Request: ____ / ____ / ____

Number of copies requested: ____

Student ID Number: _____

Are you currently enrolled? Yes No

Name: _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: -10px;"> Last First Middle </div> Street Address: _____ City, State, ZIP: _____ Telephone: _____ Birthdate: ____ / ____ / ____ Other name or alias: _____	TYPE OF INFORMATION TO BE VERIFIED: <i>If no box is checked, a verification of enrollment for the current term will be processed.</i> <ul style="list-style-type: none"> <input type="checkbox"/> Verification of enrollment for _____ (Term/Year) <input type="checkbox"/> Verification of dates of attendance at Las Positas College <input type="checkbox"/> Verification of degree(s) earned at Las Positas College <input type="checkbox"/> Complete the attached inquiry form Special Instructions: _____
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PLEASE CHECK ONE:

- I will pick up verification at the Office of Admissions & Records.
- Send verification to: (Please print plainly — for direct mailing in window envelope.)

Signature of student authorizing release of enrollment verification: _____ Date: _____

ENROLLMENT VERIFICATION POLICIES

1. Please allow at least five (5) business days for processing.
2. Las Positas College will forward record of work completed at Las Positas College and/or Chabot College only. Information regarding course work completed at other institutions is NOT included.
3. If sending verifications to different recipients, please use a separate form for each enrollment verification request.

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FOR OFFICE USE ONLY

Amount Paid \$ _____ Received By: _____ Date Sent: ____ / ____ / ____