

Verification of Enrollment

East Los Angeles College Office of Admissions & Records 1301 Avenida Cesar Chavez Monterey Park, CA 91754 (323) 265-8801

| OFFICE USE ONLY | | | |
|-----------------|--|--|--|
| S060/S061 | | | |
| Amount Paid | | | |
| Receipt No. | | | |
| Pick-up On. | | | |
| No Charge | | | |

| Name: | | MI | Student ID #: | |
|---|-------------------------------------|---|--|--|
| Last | First | MI | D (6D) 41 | |
| Address:Number | Street | | Date of Birth: | |
| | ~ - | | Email: | |
| City | State | Zip | Contact Number: | |
| Other Names Used: | | | | |
| | ast Name | First | MI | |
| Regular Verification (Mail only, no pick-up option available): Regular Verifications are \$3 per copy. If you have never requested transcripts or verifications the first two (2) copies are free. Verifications are processed and mailed within 10 working days from the date of receipt. □ Emergency Verification - □ Mail or □ Pick-Up: Emergency Verifications are \$10 per copy. If you have never requested transcripts or verifications the first two (2) copies are \$7 per copy. Emergency Verifications are processed immediately and ready for pick-up during posted hours. | | | | |
| Semester/Year (Please <u>check one</u>): One verification per semester. | | | | |
| Winter: Spring: Summer: Fall: Year Year Year Year Name/Agency: (Write in the name of the agency the verification is for, if it is for yourself please write in "self".) | | | | |
| Attention: | | | | |
| | | | State: Zip: | |
| Type of Verification (Please check one): | | | | |
| Official College Print-Out ☐ Class Schedule ☐ Enrollment Status | (Please check one below): | ☐ Child Care ☐ Employmer ☐ Good Stude ☐ Medical Ins | fee applies if submitted by College to loan agency). | |
| Student Signature: | | | Date: | |
| (Authorization for release of information) | | | | |
| Released to: | (Sign when picking-up verification) | ation) | Date: | |
| Office Use Only | | | | |
| Processed by: | Date: | Seme | ester: Units: | |