

PASADENA CITY COLLEGE  
 1570 EAST COLORADO BLVD., PASADENA, CA 91106-2003  
 Records Office, Room L-113 (626) 585-7396

**VERIFICATION REQUEST**

**IMPORTANT! PLEASE PRINT AND PRESS HARD – YOU ARE MAKING 4 COPIES**

LAST NAME			FIRST NAME			M.I.		
ADDRESS - STREET AND NUMBER						PHONE NUMBER		
CITY			STATE			ZIP CODE		
SOC. SEC./STUDENT I.D. NO.			MAIDEN /PRIOR NAME			DATE OF BIRTH		
THE FEDERAL FAMILY EDUCATIONAL RIGHTS & PRIVACY ACT OF 1974 (FERPA) STATES THAT ONLY THE STUDENT MAY AUTHORIZE RELEASE OF HIS/HER ACADEMIC RECORD								
MAIL VERIFICATION TO: PRINT CLEARLY – THIS IS YOUR MAILING LABEL								

<b>REQUESTING VERIFICATION FOR:</b>	
<input type="checkbox"/> CAR INSURANCE – GOOD STUDENT DISCOUNT <input type="checkbox"/> CHILD CARE <input type="checkbox"/> LOAN DEFERMENT <input type="checkbox"/> GOOD STANDING – FOR UNIVERSITY APPLICATIONS <input type="checkbox"/> DEGREE / CERTIFICATE AWARDED <input type="checkbox"/> NON-ATTENDANCE <input type="checkbox"/> DATES OF ATTENDANCE ( <input type="checkbox"/> EACH TERM or <input type="checkbox"/> START–FINISH) <input type="checkbox"/> PREVIOUS SEMESTER ENROLLMENT ( <input type="checkbox"/> UNITS <input type="checkbox"/> GPA <input type="checkbox"/> BOTH) Indicate below which semester/s. <input type="checkbox"/> <b>CURRENT ENROLLMENT</b> _____ <b>semester</b> <input type="checkbox"/> OTHER (Specify Below) _____ _____ _____ _____	
<b>TYPE OF SERVICE REQUESTED:</b> <input type="checkbox"/> REGULAR SERVICE (\$3.00 per request) <input type="checkbox"/> RUSH SERVICE (\$6.00 per request)	<b>DO NOT SEND VERIFICATION</b> <input type="checkbox"/> <b>CHECK BOX FOR PICKUP</b>

STUDENT'S SIGNATURE \_\_\_\_\_ AMT \_\_\_\_\_ BY \_\_\_\_\_ DATE \_\_\_\_\_ ADM232 2/12

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