

Requests will not be processed until completion of the 3rd week of the current term

ENROLLMENT/ATTENDANCE VERIFICATION REQUEST

STUDENT INFORMATION

| | | | | |
|-----------|------------|-------------|--------------|---------------|
| Last Name | First Name | Middle Name | Student ID # | Date of Birth |
| Address | | | Telephone # | |
| City | State | Zip Code | | |

Are you currently registered for classes? YES NO Program of Study _____

Reason for request:

- AB 540 (Exemption from non-resident tuition)
- DREAM Act / Deferred Action
- Insurance
- Benefits _____
- Other _____

Please check one:

- PICK UP AT WILSHIRE RECORDS OFFICE:**
 Call me at _____
- MAIL TO:**
 - Address above
 - Other address

If a third party address is provided, your signature below indicates consent to release records

Students are entitled to two (2) free copies of their records (which includes transcripts and/or enrollment verifications). Depending on the previous number of records that you have received, this request may incur a fee of:

\$5.00 per copy

Number of copies: _____

Name/Institution _____
 Address _____

Please allow 10 business days for processing after the 3rd week of the term

PLEASE NOTE: Verification letters may include any or all of the following information: your program of study, your first date of attendance at our institution, the total number of hours you have attended to date, the number of hours that you have attended for the previous and current term, etc.

BY SIGNING THIS FORM, YOU ARE ACKNOWLEDGING THAT YOUR ATTENDANCE HISTORY/HOURS WILL BE INCLUDED.

STUDENT'S SIGNATURE: _____ **DATE:** _____

| | |
|---|--|
| OFFICE USE ONLY | |
| Received By: _____ | ID Verified (Type): _____ |
| Payment (3VER) <input type="checkbox"/> N/A <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit/Debit <input type="checkbox"/> Money Order | |
| Processed By: _____ | Date Mailed / Ready For Pick Up: _____ |
| NOTES: _____ | |

TOTAL AMOUNT DUE

\$ _____