

Requests will not be processed until completion of the 3<sup>rd</sup> week of the current term

## ENROLLMENT/ATTENDANCE VERIFICATION REQUEST

315 E. Wilshire Ave. Bldg 300, Fullerton, CA 92832 Phone: (714) 992-9500 • Fax: (714) 992-9599 www.noce.edu

## STUDENT INFORMATION

Last Name	First Name	Middle Name	Student ID #	Date of Birth	
Address			Telephone #		
City	State	Zip Code	EMAIL ADDRESS		
Are you currently registered	ed for classes?	YES   NO F	Program of Stud	y	
Reason for request:					
☐ AB 540/ AB 2000/ SB 68 (Exemption from non-resident tuition)					
☐ DREAM Act / Deferred Action		EMAIL TO:	EMAIL TO:		
□ Insurance		☐ Email ad	☐ Email address above		
□ Benefits		□ Other en	☐ Other email address		
□ Other	Em:	ail address:			
Would you like the letter to include your total amount of attendance hours*? ☐ YES ☐ NO		their record enrollment previous nu received, th	Students are entitled to two (2) free copies of their records (w hich 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 request		
Please allow 10	business days fo	r processing after	the 3 <sup>rd</sup> week of t	the term	
PLEASE NOTE: Verification letter date of attendance at our institution have attended for the previous and *Total hour counts will be included as available	on, the total number of d current term*, etc.				
STUDENT'S SIGNATURE:		DATE:			
OFFICE USE ONLY					
Received By: ID	Verified (Type):				
Payment (3VER) N/A Cas	h Check#	 ☐ Credit/Debit ☐ Money	Order TOTAL	AMOUNT DUE	
Processed By:			<u>\$</u>		
NOTES:					