



3000 Campus Hill Drive
 Livermore, CA 94551
 Tel: (925) 424-1500
 Fax: (925) 606-6437

www.laspositascollege.edu/admissions

OFFICE OF ADMISSIONS & RECORDS

PLEASE TYPE OR PRINT LEGIBLY

ENROLLMENT VERIFICATION REQUEST

Date of Request: _____ Student ID: _____ Name: _____ Other name or alias: _____ Street Address: _____ City, State, Zip: _____ Phone: _____ Birthdate: _____	Number of copies requested: _____ Are you currently enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No TYPE OF INFORMATION TO BE VERIFIED: If no box is checked, a verification of enrollment for the current term will be processed. <input type="checkbox"/> Verification for enrollment for: _____ Term/Year <input type="checkbox"/> Letter of non-attendance for: _____ Term/Year <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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Send verification to: _____ Student pick at Office of Admissions & Records (Photo ID required)

NAME/INSTITUTION: _____

ATTENTION: _____

ADDRESS: _____
 Number, Street,
 City, State & Zip _____

Student's signature authorizing release of enrollment verification _____ Date: _____

Type of payment: Discover/Visa/Mastercard #: _____ Expiration date: _____

I authorized Las Positas College to charge my card for the following amount: \$ _____ Cardholder's signature: _____

ENROLLMENT VERIFICATION POLICIES

1. Please allow at least five (5) business days for processing – first two are free, each additional is \$2.00
2. Las Positas College will forward record of work completed at Chabot and/or Las Positas Community Colleges only. Information regarding course work completed at other institutions are NOT included.
3. If sending verifications to different recipients, please use separate form for each request.

Mail this form to: Las Positas College, Attn: Enrollment Verification, 3000 Campus Hill Drive, Livermore, CA 94551

Fax to: (925) 606-6437 Attn: Enrollment Verification

Email to: lpc-admissions@laspositascollege.edu Attn: Enrollment Verification

BUSINESS OFFICE USE ONLY

AMOUNT PAID \$: _____ RECEIVED BY: _____ DATE SENT: _____