PLEASE ALLOW 2 WORKING DAYS FOR PROCESSING

Accepted by_____
Date_____
148_____ **408**_____

ENROLLMENT VERIFICATION RELEASE
FOOTHILL COLLEGE

Please print clearly and complete in full

Name: _____
Last **First** **M.**

STUDENT ID NUMBER: _____ - _____ - _____

ADDRESS: _____
No. **Street** **Apt #**

_____
City **State** **Zip**

PHONE: _____

I request verification of the following information*. (Be specific)

Quarter:		**Year:**	**Status:**	
___Summer	**___Fall**	**20___**	**___FT**	**___Units**
___Winter	**___Spring**		**___PT**	**___GPA**

Other (Be specific): _____
_____
___FAX Number To Receive Verification: _____
___Name of form or company: _____
___Will pick up in Admissions Office
___Please mail in the attached envelope (Must attach self addressed envelope with correct postage)

SIGNATURE: _____**DATE:** _____

●●●●●●●●●●●●●●●●●●●● **Office use only**●●●●●●●●●●●●●●●●●●●●
Verified by: _____
Date: _____

***Financial Aid verifies: loan deferments, grants, welfare forms, financial aid transcripts, etc.**

Foothill College Admissions and Records
12345 El Monte Rd Los Altos Hills Ca 94022
FAX 650-949-7048