



**EVERGREEN  
VALLEY COLLEGE**

OFFICE OF ADMISSIONS AND RECORDS

Evergreen Valley College  
3095 Yerba Buena Road  
San Jose, CA 95135

R-71

(Please Print)

**ENROLLMENT VERIFICATION REQUEST**

Name: \_\_\_\_\_  
(Last) (First) (M.I.)

Student ID#: \_\_\_\_\_ Phone: \_\_\_\_\_

Please check the type of school information you need verified:

Indicate semester & year verified: Spring \_\_\_\_\_ Summer \_\_\_\_\_ Fall \_\_\_\_\_  
(Year) (Year) (Year)

Complete form attached: Yes \_\_\_\_\_ No \_\_\_\_\_

Are you also attending SJCC? Yes \_\_\_\_\_ No \_\_\_\_\_

Other information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Verification will be picked up: Yes \_\_\_\_\_ No \_\_\_\_\_

Verification should be mailed to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby authorize Evergreen Valley College to release the above described information to the individuals named.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(OFFICE USE ONLY)**

I.D. \_\_\_\_\_

Received By: \_\_\_\_\_

Amount Paid \$ \_\_\_\_\_