

REQUEST FOR VERIFICATION
Please allow 48 hours to process your request

DATE: _____

FROM: _____

Name

Address

City, State, Zip

Phone

Student Identification Number

I would like verification of the following information:

- Current Enrollment
Specify which quarter(s) _____
- Dates of Attendance
- Transcript Information
- Degrees Awarded and Major
- Verification of Tuition
- Other (please specify) _____

Student's Signature

PLEASE MAIL TO ADDRESS ABOVE

WILL PICK UP AT _____

Skagit Valley College provides a drug-free environment and does not discriminate on the basis of race, color, national origin, sex, disability, sexual orientation, or age in its programs and employment.