Office of Admissions | Admissions@palomar.edu | (760) 744-1150 Ext 2164

Verification of Enrollment Request Form

Purpose: Verification of Enrollment forms are requested to verify a student's enrollment status at Palomar College for a given term.

NOTE: Verifications of enrollment will not be processed prior to the first day of the semester. Please allow 7 working days for processing your request.

Instructions: Please print/send appropriate documentation and any applicable forms to the Records Office:

In Person/Mail: Records Office 1140 West Mission Road San Marcos, CA 92069

Fax: 760-744-2932 (Only Non-Fee verification requests can be submitted via email, or fax)

Email: records@palomar.edu (Only Non-Fee verification requests can be submitted via email, or fax)

A. Student Information			
Student's Name - Last, First, MI			Palomar ID Number
Address			
Telephone	Date of Birth	Expected Graduati	ion Date (Semester/Year)
B. Verification Type			
Attachment included (For Financial Aid "Needs Analysis" request forms, please contact the Financial Aid Office: finaid@palomar.edu) Verification of Non-Enrollment			
Verification of Enrollment for: Choose additional information needed below: (Semester/Year)			
Semester Units Semester GPA Cumulative Units Cumulative GPA *Financial Aid *Only information available on award letter may be disclosed			
Verification for military purposes			
Verify Other Information (please specify):			
C. Delivery Method			
Pick up/In-Person (photo ID required)		1ail:	
Fax/Email:			
D. Student Authorization			
Pursuant to provisions of the Federal Family Educational Rights and Privacy Act of 1974 (Public Law 93380), I grant permission for release of my academic records as indicated on this form or attached. I also grant permission for the release of my financial information requested.			
Student Signature Da	ate		

Number of units to be verified:	Processed by:	Initials Date:_	