



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 Graduation Date (Semester/Year)

B. Verification Type

☐ Attachment submitted along with Verification Request
(For Financial Aid "Needs Analysis" request forms, please contact the Financial Aid Office: finaid@palomar.edu)

☐ Letter (Choose the information needed)

☐ Verification of Non-Enrollment ☐ Verification of Enrollment (*select from below*):

☐ Semester Units ☐ Semester GPA ☐ Cumulative Units ☐ Cumulative GPA

☐ Verification for military purposes

☐ Verify Other Information (please specify): _____

C. Delivery Method/Fees

<input type="checkbox"/> In-Person (<i>photo ID required</i>)	<input type="checkbox"/> Basic Fee: \$5/each
<input type="checkbox"/> Fax: _____	<input type="checkbox"/> Rush Fee: (48 hours): \$10/each
<input type="checkbox"/> Mail: _____	<input type="checkbox"/> Fax Service: \$13/each
_____	<input type="checkbox"/> Non-Fee verification requests (federal deferment, verification of non-enrollment, financial aid verification)

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 _____

Date _____

*****FOR OFFICE USE ONLY*****

Select **ONE**: ☐ Picked Up ☐ Mailed ☐ Faxed

Processed by: Initials _____ Date: _____