Request for Verification Letter

Please complete the information below and give us two days to process your request.

| Name: | | | | | | |
|---|----------------------------|------------|------------------|--|---------|------------|
| Student ID Number: | | | Date of Birth: _ | | Date | Year |
| Palomar Student Email A | ddress: | | | | | |
| Your first semester at Palomar: (check one) | | e) Fall | Spring | Y | ear | |
| What is your major? | | | | | | |
| What program are you in? | (check one) | Transfe | r AA | degree | Ce | ertificate |
| When does your I-20 expi | re? (check one) | Fall | Spring | | Year | |
| What Type of Verific | ation Do Y | ou Need | l? | | | |
| □ Enrollment | ☐ Social S | ecurity Nu | umber | | | |
| ☐ Tuition Fees Paid | □ DMV Address Verification | | | | | |
| □ Scholarship | □ Other (p | lease exp | lain) | | | |
| | | | | | | |
| | | | | | | |
| Student Signature: | | | | | | |
| ********* | ****Do Not W | /rite Belo | w This Line | •************************************* | ***** | ****** |
| Fall Units: | Spring Units | s· | Outs | tanding Ba | alance: | |