

ENROLLMENT VERIFICATION REQUEST

Date of Request _____ Name _____

Student ID # _____ Phone # _____

Email address (where your verification will be emailed):

(Please print clearly and legibly)

TYPE OF INFORMATION TO BE VERIFIED:

- Enrollment for _____ (Term/Year)
- Dates of attendance at Folsom Lake College
- Proof of Non-attendance
- Proof of payment from a prior semester _____ (Term/Year)
(Current semester proof of payment can be printed from eServices)
- Complete attached verification form (must attach PDF of form)
- Other: _____

ENROLLMENT VERIFICATION POLICIES:

1. Please allow 10 business days for processing.
2. Verification will be emailed to you.

Office Use Only:

Date Received _____ Staff Initials _____ Student Emailed (Initials and Date) _____