REQUEST FOR VERIFICATION OF ATTENDANCE LETTER

Name: ______________________________________

Last, First

Student ID Number: ____________________________

Letter Needed for:     ____ Insurance Company     ____ Bus Pass
                       ____ Enrollment Verification     ____ Graduate Verification
                       ____ Jury Duty                   ____ Other

Information needed on letter, besides full-time, half time, or current semester dates:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Student Signature: ____________________________  Date: ______________________

CHECK ONE:

____ Will PICK-UP letter on: __________________

(Verifications processed for pick-up will be held for 30 days at the Registrar Counter. If pick-up date expires, you will need to submit another request.)

OR

____ Mail letter to: ____________________________

________________________________________________________________________
________________________________________________________________________

VERIFICATION STATUS  OFFICE USE ONLY  Request Rec'd on:

<table>
<thead>
<tr>
<th>Program</th>
<th>Units</th>
<th>Graduation Date</th>
<th>Special Requested Info</th>
<th>Verified by:</th>
<th>Completed On:</th>
</tr>
</thead>
</table>

Revised: 7/17/02