

Enrollment Verification

Submit the completed form to the Admissions and Records Office in person, via mail or via fax. Requests are processed in 7-10 business days

	Student 1	Information			
Name:			Student ID:		
Last	First	M.I.			
Other Names Attended Under:					
Address:		City	State	Zip Code	
	D)	•		•	
Date of Birth:	Birth: Phone: Email Address:				
College(s) of Attendance: ☐ Ber	rkeley City College 🔲 Col	lege of Alameda 🔲 L	aney College	Merritt College	
Period(s) of Attendance to be ver	i.e. Spring 1998, Fall 2001-S _j	pring 2010			
	Send Ver	ification To			
1. Name/Agency:					
Address		City	State	Zip Code	
	Email Address:				
	Reason for Request t	o Keiease Informatio)N		
2. Name/Agency:					
Address Phone:	Email Address:	City		Zip Code	
Thore.					
	Reason for Request to	o Release Informatio	n		
I hereby release and direct the Persuch schools and their representat					
Student Signature: X			Dat	e:	
Student Signature: X		l Records Use Only	Dat	e:	