

Enrollment Management

Registrar's Office One University Drive Camarillo, CA 93012 Phone: (805) 437-8500

Request for Official Enrollment Verification

Enrollment verifications are generally handled through the National Student Clearing House (www.degreeverify.org). However, if your verification requires a seal or additional information, please complete this form and submit it by e-mail, mail, fax, or in person to the Registrar's Office. All requests must include student's handwritten signature.

Name:	Student ID:			
Previous Name (if applicable):		Date of Birth:		
E-mail:	Phone Number:			
Purpose for request: Military	cholarships	☐ Insu	urance Purposes	Other
Choose one of the following: Mail: print address below		∏Fax # (include	: Area Code)	☐Pick Up
		Name/Company	to be sent to:	
Verify Enrollment for CURRE	NT term only	∕: (You MUST be re	gistered for the term se	elected)
Spring	□ F	-all	Summer	
Please check one: Full time (Undergraduat	e= 12.0 units o	or more/ Graduate=	8.0 units or more)	
☐ Half time (Undergradua	te= 6.0 to 11.5	units/ Graduate= 4.	.0 to 7.5 units)	
Less than Half time (Un	dergraduate= .!	5 to 5.5 units/ Gradu	uate= .5 to 3.5 units)	
Verify enrollment for previous	term(s):			
Verify enrollment for specifi	c term(s). Pleas	se list these terms: _		
Verify enrollment for ALL p	revious terms.			
☐ Verify Term GPA		☐ Verify Degree Awarded		
☐ Verify Anticipated Grad	uation Term (0	Only if you have officially c	applied to graduate via the A_{l}	pplication for Degree and Diploma form)
Please Note: Any outstanding	g obligations to	o the University mu	ust be completed before	re request can be processed
Student's Signature		Date		
Administration Use Only-Records &	Registration			
Processed by: PS Updat (Staff Initials)	re: (Date)	Student Notification	: (Date)	Revised 04/03/2019