



CERRITOS COLLEGE

Verification Form

FOR OFFICE USE ONLY	
\$2.00 X _____	Copies = _____
Rush- 24 Hours	
\$ 7.00 X _____	Copies= _____
Date: _____	Initials _____

Indicate Semester: ____ Fall ____ Spring ____ Summer Year: _____

Important reminder: Prior to processing verifications, please clear any holds or pay any outstanding fees.

I hereby authorize the officials of Cerritos College to transmit information regarding my academic progress and other data requested by the agency, company, or person indicated below.

Name: _____ Date: _____
Please print clearly

Student No. _____ DOB: _____ PHONE: _____

Address: _____
No. and Street Name City State Zip Code

Information to be verified (Check all that Apply)

- | | |
|--|---|
| <input type="checkbox"/> Enrollment Status (Full-time, Part-Time) | <input type="checkbox"/> Cumulative Grade Point Average |
| <input type="checkbox"/> Verification of Major of Study | <input type="checkbox"/> Units Completed |
| <input type="checkbox"/> Verification of degree issued | <input type="checkbox"/> Other: See statement Below |

Other information to be verified: _____

Note: Admissions and Records does not have the capability to verify the following:

- >Cal works /Gain programs-Please see Career Services
- > GPA for Cal Grant A or B Consortium Agreements- Please see the financial Aid Office

Verification will be: (Check one)
<input type="checkbox"/> Rush picked up <input type="checkbox"/> Rush Mail (Please allow 24hrs for processing)
<input type="checkbox"/> Mailed to Students address (Please allow 10 working days for processing)
<input type="checkbox"/> Mailed to Organization or Company indicated below:
Company Name: _____ Dept: _____
Attention: _____
Address: _____
<small>Number and Street City State zip code</small>

STUDENT'S SIGNATURE: _____ Date: _____

***** STAFF USE ONLY *****

Mailed out ____ / ____ / ____ Staff Initials: _____