



**Admissions & Records Office**  
 11711 Sand Canyon Road  
 Yucaipa, CA. 92399-1799  
 P: (909) 389-3372  
 Web: www.craftonhills.edu

# Crafton Hills College Enrollment Verification Request

All Sections Must Be Completed

Name: \_\_\_\_\_  
(Last) (First) (MI) (Student I.D.)

**Be sure to update your contact information in WebAdvisor. All correspondence will be sent to your college assigned student e-mail account. It is YOUR responsibility to check this account.**

**ALL OUTSTANDING FEES MUST BE PAID BEFORE REQUEST IS PROCESSED.**  
 Mailed requests must include a copy of valid state issued identification.

TERM(To be Verified):  Spring  Summer  Fall 20\_\_\_\_\_  
(Please Check One) (year)

Check ONLY one:  A form\* to be completed  A letter\*\* from the College.

Special Instructions: \_\_\_\_\_

\* Complete student information portion, leave institution portion *BLANK*, attach form.

\*\* All letters are printed on official college letterhead and include:

- Student Name
- Student ID Number
- Term for which verification is done
- Units Enrolled for term specified
- Cumulative G.P.A.
- Major
- Notes (if necessary)
- Last four (4) digits of social security number
- Date of Birth
- Term Begin and End dates
- Enrollment Status ie. Full-Time/Part-Time etc.
- Degree Type
- Graduation Date

Enrollment verification requests may take up to 5 business days to process. Verifications will **NOT** be mailed. **Verifications MUST be picked up within 30 days of initial request, or they will be destroyed.** You may mail this request to the address at the top of this form. Faxed requests will not be honored. **Processing fee is \$3.00 per request.**

I have read and agree to the above terms and authorize the release of my records.  
**YOUR SIGNATURE IS REQUIRED TO RELEASE VERIFICATION(S)**

The documents accompanying this form contain confidential information, belonging to the sender, that is legally privileged. This information is intended for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party and is required to destroy the information after it's stated need has been fulfilled. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or action taken in reliance on the contents of these documents is strictly prohibited. If you have recieved this form in error, please destroy these documents immediately.

\_\_\_\_\_  
(Student Signature) (Date)

Payment Amt. \$ \_\_\_\_\_

Comments: \_\_\_\_\_

Distribution: White – A&R Yellow –Pickup Pink – Student

Rev 11/15 A&R

**Received By:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**STUDENT**

**OFFICE USE**