Transcript Office
(661) 722-6300 ext. 6130
Enrollment Verification Request form

Enrollment Verifications are provided for the **current semester**.

Please choose a semester: ☐ Spring ☐ Summer ☐ Fall

Please complete the following:

Name: _____ AVC ID # 900 - - _____
Last First

Student Signature:_____Phone # _____

***** You must show proper picture I.D. at time of pick-up *****