



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

Please select an option:

Email verification \_\_\_\_\_

Mail verification \_\_\_\_\_

Student Signature: \_\_\_\_\_ Phone # \_\_\_\_\_