GAVILAN COLLEGE

Admissions and Records 5055 Santa Teresa Blvd. Gilroy, CA 95020

VERIFICATION REQUEST FORM

- Enrollment Verification takes (5) business days for processing (with some exceptions).
- If sending verifications to different recipients, please use a separate form for each recipient.

Email completed form to: admissions@gavilan.edu
or drop form off at Admissions & Records Office: LSRC - Library and Student Resource Center Building

STUDENT INFORMATION

Student ID: G#	Last Name:	First Name:
Mailing address:		
City, State, Zip Code:		
Date of Birth:	Contact Phone #:	
Email:	Are you currently enrolled: ☐ Yes ☐ No	

TYPE OF INFORMATION TO BE VERIFIED

Verification of Enrollment for Term(s): _____ (Term/Year: e.g: Fall 2026)

TYPE:

☐ Verification of degree(s) earned at Gavilan College.

☐ Letter of Non-Attendance / Verify non-enrollment

☐ Complete the attached form (e.g; Training verification for Child Care, Insurance, Housing, etc.)

☐ Special instructions: _____

DELIVERY OPTION / PICK UP

☐ I will pick up the Verification at the Office of Admissions & Records. *(Photo ID required at the time of pick up).*

☐ Third-Party will pick up the Verification at the Office of Admissions & Records
(*Photo ID required at the time of pick up. Designated person must match Name below.)*

☐ Designated Third-Party Person to pick up: _____
First Name Last Name

☐ Email verification to: _____ _____
Name OR Institution Email Address

☐ Mail verification to: *(1 request form per address listed). PRINT complete name of recipient & address:*

Name OR Institution: _____

Attention: _____

Address (Number, Street): _____

City, State & Zip Code: _____

☐ Special instructions: _____

My signature below confirms I am the student named on the form, and I authorize release Gavilan College to release the information for the purpose of verification.

Student signature _____ Date_____