GAVILAN COLLEGE

5055 Santa Teresa Blvd, Gilroy, CA 95020

Student ID(G#) | G | 0 | 0 | ☐ | ☐ | ☐ | ☐ | ☐

Name _____
Last Name   First   MI

Phone # (_____) _____   Birth Date _____

Email _____

Purpose of verification: _____

Semester (s) to be verified: _____

Special instructions: _____

Do you have a form for us to complete?   **Yes**   **No**
Please submit along with this request.

I hereby authorize Gavilan College to release the information for the purpose of verification

_____

Student Signature   **Date**

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1. **SELECT ONE:**

    REGULAR (Free)
    Allow 5 business days for processing

    ~~RUSH   ($7 fee)~~   **NOT AVAILABLE**
    ~~Allow 2 business days for processing~~

2. **SELECT ONE:** *Email is the preferred method at this time*

    Email To:_____

    Mail to:_____
    Name

    _____
    Mailing address

    _____
    City   **State**   **Zip code**

~~Credit Card Information (only if you have selected the **rush** option):~~

~~**MasterCard** or **Visa**~~

~~_____-_____-_____-_____~~   ~~Exp. Date _____ / _____~~

Office Use Only

☐ ~~Rush fee posted_____~~   ☐ ~~Fee paid_____~~
                    Initials   Initials

☐ HOLD on student's account _____
                                        Initials

Verification completed on:
Date _____   By: _____

A&R 10.21.20 fillable