



Visalia Campus, A&R Room 107
 915 S. Mooney Blvd. Visalia, CA 93277
 PH: (559) 730-3727 FAX: (559) 737-4883

Tulare College Center, Building A
 4999 E. Bardsley Ave. Tulare, CA 93274
 PH: (559) 688-3010 FAX: (559) 687-6294

Hanford Educational Center, The Hub
 925 13th Ave. Hanford, CA 93230
 PH: (559) 583-2500 FAX: (559) 584-1853

Student Enrollment Verification Request

- To provide an accurate account of enrollment, processing of student requests **begin on or after the last day to drop classes without a W (No exceptions)**. Thereafter, processing time is three business days.
- Student signature required for processing. Submit to the nearest location listed above or email: admissions@cos.edu
- First two requests are free - \$2.00 fee after / Rush Verifications (same day) - \$5.00 fee.
- Photo ID required to pick-up verification, no exceptions.
- No verification for past enrollment – requires official transcript request.
- No enrollment verification will be provided until all financial obligations to the college are met.

Name: _____ Banner ID or SSN: _____

Address: _____
Street City State/ ZIP

Date of Birth: _____ Phone Number: _____

Indicate Semester(s) to be verified: Enrollment Status: Full-time Part-Time

Fall/Year _____ Spring/Year _____ Summer/Year _____

Housing (**no charge**)

Federal Loan Deferment (**no charge**)

Basic Verification (Address, Banking, DMV, Attendance)

Training Verification (Child Care)

Scholarship

Early Enrollment (used between semesters – require follow up verification)

Good Student Discount: Must be (a) currently enrolled full-time and (b) formerly enrolled in the preceding semester full-time with (c) a 3.0 minimum GPA or 3.0 minimum cumulative GPA – **no exceptions**

Other _____

Student's Signature (Required): _____ **Date:** _____
I acknowledge that I have read this entire form and will abide by its instructions

Mail or Email (PDF) Verification to:

Name: _____

Address: _____

The person other than myself authorized to pick up my verification: _____
(Authorized person must present picture ID)

Office Use only

Required form attached: Yes No Will pick up: Yes No Initials of intake clerk: _____

Date Received: _____ Date Processed _____ Processed by: _____