

EdenAreaROP

Enrollment Verification Request

For School Use Only	
_____	Attendance Staff Initials
_____	Date Completed
<input type="checkbox"/>	Required to pay \$5

FEES:
Current students, no charge
Former students, \$5 (cash only)

VERIFICATION INCLUDES ONLY: Program name, start/end date, hours of completion and, if applicable, certificate status.

Date: _____ *Date Required _____

STUDENT CONTACT INFORMATION:

Student Last Name	First Name	Birthdate	
Street Address	City, State	Zip Code	Phone Number

PROGRAM INFORMATION & SCHOOL YEARS ATTENDED:

IMPORTANT: The EAROP Educational Services Department only provides letters of verification for students who have attended within the last seven (7) school years.

ROP Program(s) _____

_____ School Year _____ School Year _____ School Year _____ School Year

Please check this box if the years are an approximation

REASON FOR VERIFICATION:

✓Please check all that apply

- | | | |
|--|---|--|
| <input type="checkbox"/> Medical Insurance | <input type="checkbox"/> EDD (Unemployment) | <input type="checkbox"/> Car Insurance |
| <input type="checkbox"/> Enrollment | <input type="checkbox"/> CalWorks | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Work | <input type="checkbox"/> School | |

METHOD OF VERIFICATION:

- Complete a form (requestor must attach/include form)
- Send a fax Attention to: _____ Fax: _____
- Send an email Attention to: _____ Email: _____
- Write a letter Attention to: _____ Address: _____
Company/
Organization: _____

ALL REQUESTS WILL BE COMPLETED WITHIN 10 BUSINESS DAYS IF SUBMITTED BEFORE 11AM. NO EXCEPTIONS

Requestor's Signature _____ Date _____