

EdenAreaROP

Enrollment Verification Request

FEES:

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

For School Use Only

Attendance Staff Initials

Date Completed

☐

Required to pay \$5

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

☐ Medical Insurance

☐ EDD (Unemployment)

☐ Car Insurance

☐ Enrollment

☐ CalWorks

☐ Other _____

☐ Work

☐ 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: _____

ENROLLMENT VERIFICATION REQUESTS WILL BE COMPLETED IN 10 BUSINESS DAYS IF SUBMITTED BEFORE 11:00 AM.

Requestor's Signature

Date