Eden Area ROP
Enrollment Verification Request

For School Use Only
_____ Attendance Staff Initials
_____ Date Completed

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**