

Name: First	Last	ID#	Date
Address	City	State	Zip
Phone	# of copies	Date of Birth	

I hereby authorize Bakersfield College to release the information requested and I hereby release the college from any and all liability or damages for providing the information requested.

Student Signature: \_\_\_\_\_

### INFORMATION TO BE VERIFIED

Please be advised, you can only request enrollment verification for the **current semester**. Any previous semesters needing verification will require a transcript request through the records office. Waitlisted classes will not be verified.

#### Enrollment Status

Full Time (12 units)

Verification of Non-Enrollment

Half Time (6-11.5)

Less than Half Time (5.5 units or less)

#### Please indicate how you would like to receive the verification:

Mail       Pick-Up       Fax

Mailing Name/Address:

Fax Number:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

#### For Office Use Only

By: \_\_\_\_\_

Paid: \_\_\_\_\_

Date: \_\_\_\_\_

Only Bakersfield College courses will be verified. All verifications take up to 3 working days to complete. There is a \$2.00 fee for each verification requested. You may receive one Childcare verification per semester for free, all other childcare verifications are \$2.00. Please bring Picture ID when picking up verifications.

#### Mail your request with fee to:

Bakersfield College  
Admissions and Records office  
1801 Panorama Drive  
Bakersfield, CA 93305

