



**ENROLLMENT VERIFICATION REQUEST FORM**

California State University, Bakersfield | Office of Admissions and Records  
9001 Stockdale Highway | Bakersfield, CA | 93311-1099  
(661) 664-3036 | Fax (661) 664-3389

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*Student's Full Name and Address*

Social Security No: \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Please verify my enrollment for: [  ] Fall \_\_\_\_\_ [  ] Winter \_\_\_\_\_ [  ] Spring \_\_\_\_\_ [  ] Summer \_\_\_\_\_  
(Check quarter and include year)

Level: [  ] Undergraduate [  ] Graduate

Anticipated Graduation Date: \_\_\_\_\_  
(Optional)

*Other Information to be verified, e.g. cumulative GPA:*

*Mail Enrollment Verification to:*

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

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

Please note that enrollment verification requests will only verify current and past terms. Future term verification cannot be processed unless registration for courses in that specific term has been completed.

or [  ] Will Pick Up Request (ready in 2 business days)

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_