



ENROLLMENT VERIFICATION REQUEST FORM

California State University, Bakersfield | Office of Admissions and Records  
9001 Stockdale Highway | Bakersfield, CA | 93311-1022  
(661) 654-3036 | Fax (661) 654-3389

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*Student's Full Name and Address*

CSUB ID #: \_\_\_\_\_

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 verifications cannot be processed unless registration for courses in that specific term has been complete

*or* [ ] Will Pick Up Request

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