

Orange Coast College 2701 Fairview Road, P.O. Box 5005 Costa Mesa, CA 92628-5005 Student Records Office (714) 432-5072 www.orangecoastcollege.edu

STUDENT VERIFICATION REQUEST

Last Name	First Name	SSN/Student ID N	umber	Today's Date
Street Address		Phone Number		Date of Birth
City	State Z	ip Code	Email Addres	SS
Options (select one	e):			
\Box Verify one seme	ester:			
Which semes	ter:	Include (optio	nal): □number of unit	s/status □fees □GPA
\Box Verify multiple	semesters:			
Which semes	ters:			
Include (optio	onal): □number of uni	ts/status □fees □ Cur	nulative GPA	
Uverify non-enro	llment			
□Complete attache	ed form			
□Verify Other Info	ormation (please speci	fy):		
additional transaction our online service.	n. Rush fees are \$5 and a	erifications are free of cha re charged to every rush o : My email above		also be requested through
	2	2	2 (,
	(additional fee will ap My address above	ply; 2 business days): □My email above	□Third-Party (Add	ress/Email below)