**ENROLLMENT VERIFICATION**                    **Term Requested**

Paradise Valley Community College                    _____

Student's
Name: _____        Student ID#: ___ ___ ___ ___ ___ ___ ___ ___
          PRINT:  Last, First Middle

Include my:        Degree: (If complete) ___No ___Yes

                   Program of Study:  ___No ___Yes

                   GPA:  ___No ___Yes

                   **Expected Graduation Term & Year: (Mark if you want included in verification)**

                             **___No ___Yes, in Year: _____  (circle the term)   Fall   Spring    Sum 1    Sum 2**

**Check One Option Below:**
**__ Student will pick-up verification letter**
**__ Mail verification letter to:**        _____

                                          _____

                                          _____

**I authorize PVCC to release information regarding my enrollment status to the person/agency listed above.**

**Signature: _____        Date Signed: ___/___/___**

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