



# TAFT COLLEGE

WEST KERN COMMUNITY COLLEGE DISTRICT

Office of Academic Records  
29 Cougar Court  
Taft, CA 93268  
Phone 661.763.7756

PLEASE PRINT

Student (Last Name) (First Name)

Student ID or Social Security Number

## STUDENT VERIFICATION REQUEST

*Verifications received Monday through Friday will be processed the following Thursday of each week.*

**We do not accept phone, fax or email requests due to student confidentiality.**

**Will not accept this form until all holds are cleared.**

Student must provide picture I.D. to pick up verification in person.

Student's Address: \_\_\_\_\_  
Street City State/Zip

Phone number: \_\_\_\_\_ Birthdate: \_\_\_\_\_

**SEMESTER to be VERIFIED for CURRENT enrollment:**

Select one only

SPRING \_\_\_\_\_ SUMMER \_\_\_\_\_ FALL \_\_\_\_\_  
Year Year Year

### TYPE OF REQUEST (Please select one):

- Federal Loan Deferment (no charge if loan papers are provided, otherwise need to choose the Current Enrollment Letter option)
- Current Enrollment Letter and Schedule only (past enrollment must request official transcript.)  
Number of copies \_\_\_\_\_
- Good Student Discount (12+ units in prior semester completed with minimum 3.0 term GPA and enrolled in 12+ units in current semester verifying)
- Verification of Non Enrollment (never enrolled at TC - list year when you registered) \_\_\_\_\_
- Verification of Non Enrollment (list the semester enrolled and dropped) \_\_\_\_\_
- Verification of Degree or Certificate (list name of pending or earned award verifying.) \_\_\_\_\_
- Other (list name of form to complete) \_\_\_\_\_

### TYPE OF SERVICE (Please select one):

- Regular Service \$4.00 per copy (First two (2) lifetime requests are free, thereafter fees apply)
- Rush Service \$8.00 per copy

### METHODS OF DELIVERY (Please select one):

- I will pick-up. Any request not picked up within 30 days will require a new order. (option is not available for mailed in requests)  
\*Pick-up is available after 2:30pm on the processing day.

Fax the information: \_\_\_\_\_  
Name of Department and/or Person Fax Number

Please mail the information to: \_\_\_\_\_  
Name of Person or Business and/or Department

Street City State/Zip

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Office use only

Date received: \_\_\_\_\_ Holds: \_\_\_\_\_ Total fees due: \_\_\_\_\_ Date processed: \_\_\_\_\_ Processed by: \_\_\_\_\_