GAVILAN COLLEGE

ATTENDANCE VERIFICATION REQUEST

Request Received: _____

Student ID(G#)
or Social Security

G 0 0 ☐ ☐ ☐ ☐ ☐ ☐

Name _____
Last Name First MI

Phone # (_____)_____ Birth Date _____

Purpose of verification: _____

Semester(s) to be verified: _____

Special instructions: _____

_____

Required form attached? ☐ Yes ☐ No

Credit Card Information:
MasterCard or Visa _____-_____-_____-_____

Exp. Date _____ / _____

X _____ _____
Student Signature **Date**

1. SELECT ONE:

☐ REGULAR (Free)
Allow 5 business days for processing

☐ RUSH ($7 fee)
Allow 2 business days for processing

2. SELECT ONE:

☐ Pick Up

☐ Fax To:

(_____) _____

☐ Mail to:

_____
Street Address

_____
City State Zip Code

You may submit this form to the Admissions & Records office in the following ways:

Mail To: Admissions & Records Office, attn. Jose Morales
5055 Santa Teresa Blvd.
Gilroy, CA 95020

Fax To: (408) 846-4940

Drop Off: You may drop this off at Admissions & Records office at the main campus in Gilroy, or at the Hollister or Morgan Hill sites.