VERIFICATION REQUEST

Name: _____Today's Date: _____

GCCC ID Number: _____ Social Security Number: xxxx-xx-_____

Instructions: _____ Pick Up (24-hour processing time)

_____ Send

Please provide Recipient Name, Mailing Address (or Email Address) to be sent:

Indicate information and semester(s) to be reported:

_____ Hours Enrolled in Current Semester

_____ Hours Enrolled in Previous Semester(s)
Previous Semester(s) to be verified:

_____ Other Information (please list):

Student Signature_____