ADULT HIGH SCHOOL
Student Enrollment Verification Request

Date: _____ **Social Security Number** _____-_____-_____

Full Name _____

Address _____

City _____ **State** _____ **Zip** _____

Phone (_____**)**_____

Name while attending (If different from above)_____

To assist us with correct processing, please indicate for what purpose you are requesting enrollment verification. Please attach any additional forms that you need us to complete to this form.

(Please check):

- ☐ Military/Recruiter
- ☐ Employer
- ☐ WIA/YouthWorks
- ☐ Insurance
- ☐ Social Services
- ☐ Social Security
- ☐ Probation Officer
- ☐ Other _____

I hereby authorize Gaston College to release my Adult High School records (attendance, progress and/or grades) to the indicated persons.

_____ _____

Student Signature *(required for processing)* **Date**

☐ Prepare a copy for me to pick up

☐ Forward a copy to:

_____

Name

_____

Street/P.0. Box

_____

City **State** **Zip**

For Office Use Only		Date Received:	Staff Initials:
Date Mailed:	Staff Initials:	Date Ready For Pickup:	Staff Initials:

Gaston College
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