

ADULT HIGH SCHOOL

Student Enrollment Verification Request

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

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

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):

- | | | |
|---|--|--|
| <input type="checkbox"/> Military/Recruiter | <input type="checkbox"/> Employer | <input type="checkbox"/> WIA/YouthWorks |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Social Services | <input type="checkbox"/> Social Security |
| <input type="checkbox"/> Probation Officer | <input type="checkbox"/> 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.O. Box

City **State** **Zip**

| | | |
|----------------------------|-----------------|------------------------|
| For Office Use Only | Date Received: | Staff Initials: |
| Date mailed: | Staff Initials: | Date Ready for Pickup: |
| | | Staff Initials: |

