	SOLANO COMMU	JNITY COLLEGE ENRO	DLLMEN	T VERIFIC	ATION REQUEST	
See back of card for more information						
Name:			_			
Please Print)	Last	First M		SCC ID Nu	mber	
					Number of Copies:	
> Select Seme	ster; Print Year to be Verifie	ed:	() Will F	Pick Up (norma	I processing time: 5-10 working days)	
Fall	Spring Summ	ner	() Send	l T <u>o:</u>		
	Graduation Date:					
> Please list it	ems to include in Verificatio	on (from back of card):				
			-			
			-			
			-			
		Date Request				
Student's Sig	nature (Required)	Received:				
student's Sig	inature (Required)		Dessive	d.	OFFICE USE ONLY	
			Receive	u:	OFFICE USE ONLY	
<u>Verification</u>	on Items That May Be Re	quested:				
		Ple	ease send	all loan defe	rment forms directly to:	
	ment Dates nt Enrollment Status					
	art-Time Status	National Student Clearinghouse				
	Completed	2300 Dulles Blvd. Suite 300 Herndon VA 20171-3019				
* G.P.A	•					
* Major						
	ster/Term Dates	Ph	one: (703	3) 742-4200	Fax: (703) 742-4239	
	of Graduation		•			
^ Degre	e Awarded	Website	Address:	www.service	@studentclearinghouse.org	
Verificatio	ons Generally Issued For	<u>:</u>				
* Insura	nce Companies		adatad infe	ormation of w	our oprollmont is cont to the	
* Militar		NOTE: Updated information of your enrollment is sent to the				
		Clearinghouse quarterly.				
	dized Day Care					
* Subsid	al Insurance					
* Subsid * Medic))				