

OFFICE OF ADMISSIONS AND RECORDS

SAN JOSE CITY COLLEGE
2100 Moorpark Avenue
San Jose, California 95128

REQUEST FOR RELEASE OF SCHOOL INFORMATION

(Please Print)

Name: _____
(Last) (First) (M.I.)

Social Security No. _____ / _____ / _____ Phone: _____

Please check the type of school information you need verified:

Indicate semester & year verified: Spring _____ Summer _____ Fall _____
(Year) (Year) (Year)

Complete form attached: Yes _____ None _____

Are you also attending EVC? Yes _____ No _____

Other information: _____

Verification will be picked up: Yes _____ No _____

Verification should be mailed to: _____

I hereby authorize San Jose City College to release the above described information to the individuals named.

Signature: _____ Date: _____

(OFFICE USE ONLY)

I.D. _____ Received By: _____

Amount Paid \$ _____

Original: A & R Copy: Student