



TAFT COLLEGE

WEST KERN COMMUNITY COLLEGE DISTRICT
Office of Academic Records
29 Cougar Court Taft, CA 93268
Phone: (661) 763-7756; Fax: (661) 763-7758
Email: records@taftcollege.edu

PLEASE PRINT

Student (Last Name) (First Name)

Student ID or Social Security Number

Phone Number

Birthdate

STUDENT VERIFICATION REQUEST

Forms can be submitted in-person, mailed, or emailed to records@taftcollege.edu for processing.

Student must provide picture I.D. to pick up verification in person.

SEMESTER TO BE VERIFIED FOR CURRENT ENROLLMENT:

Select one only

SPRING _____ Year SUMMER _____ Year FALL _____ Year

TYPE OF REQUEST (Please select one):

- Current Enrollment Verification (past enrollment must request official transcript)
- Current Non-Enrollment Verification
- Degree or Certificate Verification (list name of award) _____
- Federal Loan Deferment (no charge if loan papers are provided)
- Good Student Discount (12+ units in prior semester completed with minimum 3.0 term GPA and enrolled in 12+ units in current semester)
- Non Enrollment Verification (never enrolled at TC)
- Taft College Scholarship Verification (intended for in-house use)
- Other (list name of form to complete) _____

TYPE OF SERVICE (Please select one):

- Regular Service \$4.00 per copy (First two (2) lifetime requests are free, thereafter fees apply). All requests received Monday through Friday will be processed within 4-5 business days.
 - Rush Service \$8.00 in addition to the regular service per copy (Total \$12.00 per copy). Rush orders placed by 10:00 am will be available for pick-up within 2 business days. Requests with attachments may take up to 4 business days to process.
- Number of copies: _____

METHODS OF DELIVERY (Please select one):

- I will pick-up. (Request will be shredded if not picked up in 30 days)
- Email the information to: _____
Email Address
- Fax the information: _____
Name of Department and/or Person Fax Number
- Please mail the information to: _____
Name of Person or Business and/or Department

Street City State/Zip

Student's Signature: _____ Date: _____

Office use only

Date received: _____ Total fees due: _____ Date processed: _____ Processed by: _____