



ENROLLMENT VERIFICATION REQUEST FORM

(Complete one form per student)

Date: _____

Requesting verification for (full legal name):

Other names that were used:

Date of Birth: _____

The first year and/or grade enrolled in GJUESD: _____

Please check all schools attended:

____ Fairsite Preschool ____ Fairsite Elementary ____ Greer Elementary

____ Lake Canyon Elementary ____ Marengo Ranch Elementary

____ River Oaks Elementary ____ Valley Oaks Elementary

____ Galt Middle ____ Greer Middle ____ McCaffrey Middle

The year and/or grade left GJUESD: _____

Your name: _____

Your phone number: _____

Relationship to the student: _____

Photo identification is required for release of student information. Information will only be released to the former student (if over the age of 18) or to the legal parent/guardian (if student is under the age of 18). Records will be available within five business days of request.

~ For Office Use Only ~

____ No records on file

Mother/Guardian: _____

Father/Guardian: _____

Records picked up on _____ . Photo ID verified by _____ .