



West Kern Community College District

Office of Academic Records  
29 Emmons Park Dr.  
Taft, CA 93268  
Phone 661.763.7756 (Fax) 661.763.7705

Student Name \_\_\_\_\_ (Please Print)

Student ID and/or Social Security Number \_\_\_\_\_

Birthdate: \_\_\_\_\_

## TAFT COLLEGE VERIFICATION OF ENROLLMENT REQUEST

**ALLOW TWO (2) DAYS FOR PROCESSING**

Current Address: \_\_\_\_\_

I will pick up the verification of enrollment.

\_\_\_\_\_

Please mail the verification of enrollment to:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**VERIFICATION SEMESTER(S):**

**SPRING** \_\_\_\_\_ **SUMMER** \_\_\_\_\_ **FALL** \_\_\_\_\_ **YEAR** \_\_\_\_\_

**# COPIES** \_\_\_\_\_

**FAX REQUEST TO: 661.763.7705**