El Camino College
Verification Request

Date _____

Name _____ (Former ECC Name _____)
            Last   First

Social Security Number __ __ __ - __ __ - __ __ __ __ or ECC ID # __ __ __ __ __ __ __   Date of Birth ___ /___/___

Address _____ Phone Number _____

City _____ Zip Code _____

> NOTE: You must complete all information required by you on any forms which you wish verified before the college can honor your request.

Check Term(s)

☐ Spring ☐ Summer ☐ Fall ☐ Winter YEAR _____

REQUEST (Be specific):

☞ CHECK ONE ☜

☐ Pick up ✷✷✷ Photo ID REQUIRED ✷✷✷

☐ Mail to student at above address

☐ Mail to party below

Name	
Address	Apt. Number
City State Zip Code	

❯ Please Sign Below ❮

Student's Signature