Name: First	Last	ID#	Date
Address	City	State	Zip
Phone	# of copies	Date of Birth	•
I hereby authorize Bakersfield from any and all liability or dar	College to release the inform		release the college
Student Signature:			
Please be advised, you can only requerification will require a transcript Enrollment Status  Full Time (12 units)   Half Time (6-11.5)			be verified.
Less than Half Time (5.5 units or le	ss)		
Please indicate how you woul	d like to receive the verific	cation:	
☐ Mail ☐ Pick-Up	☐ Fax	For Office Use Or	nly
Mailing Name/Address:	Fax Number:	By:  Paid:  Date:	

Only Bakersfield College courses will be verified. All verifications take up to 3 working days to complete. There is a \$2.00 fee for each verification requested. You may receive one Childcare verification per semester for free, all other childcare verifications are \$2.00. Please bring Picture ID when picking up verifications.

## Mail your request with fee to:

Bakersfield College Admissions and Records office 1801 Panorama Drive Bakersfield, CA 93305

