Pitzer College							Office of the Registrar		
				Student V	/erificat	ion Reques	st		
Name: _	ne:					I	D #:		
Contact Phone Number:						Check one	: □ Cell	□ Home	□ Work
			is may only be ve v <b>3-5 days for pr</b>						
	Verific	cation	for:						
		Fall	Year	□ Spring	Year _	[	∃ Summer	Year	_
	□ Academic Load (Full-time/Part-time) □ GPA								
	🗆 Otl	her (p	lease specify): _						
		-	Please MA	L to:					
			OR						
			Please EM/	AIL to:					
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		-	OR □ I will pick it u	p. Please ca	ll me wh	nen it is read	ły.		

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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