## VERIFICATION OF ENROLLMENT

| To request a VERIFICATION OF ENROLLMENT from ATI COLLEGE, please complete (include your signature) and return this form to ATI COLLEGE, Attention: Student Service Department / International Programs & Student Services at <b>15141 Whittier Blvd.</b> , |             |     |  |
|--|-------------|-----|--|
| Suite 420, Whittier, CA 90603.<br>Note: Please allow 5 to 10 working days to process your request.   |             |     |  |
| Student Information  |             |     |  |
| Last name:   | First name: |     | Middle name:   |
| Home Address:  |             |     |  |
| Home City, State, Zip:   |             |     |  |
| Home Phone with Area Code:   |             |     |  |
| Student's Signature:   |             |     |  |
| Requesting to receive verification of enrollment letter at home?   |             | Yes | No (please complete Institutional Information section) |
| Academic Program Information   |             |     |  |
| Program Name:  |             |     |  |
| Academic Period (mm/dd/yyyy):  |             |     |  |
| Alternate Mailing Address / Institutional Information  |             |     |  |
| School:  |             |     |  |
| Attention:   |             |     |  |
| Address:   |             |     |  |
| City, State, Zip:  |             |     |  |
| For Office Use Only  |             |     |  |
| Request received by (school official last, first name – print):  |             |     |  |
| Date request received (mm/dd/yyyy):  |             |     |  |
| Date request filled (mm/dd/yyyy):  |             |     |  |