

## Park City Independent

## **ENROLLMENT OR DIPLOMA VERIFICATION REQUEST**

Park City Independent: Admissions 8860 E. Chaparral Road, Suite 100 Scottsdale, AZ 85250 Phone: 888-866-4989

Phone: 888-866-4989 Fax: 886-436-0244

Email: admissions@edgenuity.com www.parkcityindependent.com

•	This form	must he	submitted	along with	a conv of	a nhoto ID

- Verifications will be mailed within five (5) business days from the date the request is received. Delays may occur for archived records and during peak periods.
- No request will be processed unless all holds (financial) have been fulfilled.
- Requests may be faxed to 886-436-0244

**Student Information** 

 Please note, this is a verification letter only—any requests for records must be through our records request form, and will incur a fee.

Return this	s form	via l	ink	belov	w or	fax	to
866-436-0	244						

First Name	Middle Name	Middle Name		Last Name				
Street Address			School ID Number					
City	State Zip			Dates of Attendance				
E-mail	-mail			Phone Number				
Choose the Type of Verification	on							
Enrollment Verification			Diploma Verification					
Please check those that you wish included:			Withdrawal Verification					
Verification of current enrollment								
Verification of enrollment for each term attended								
Mailing Information								
Please mail the verification to me at the address above								
Please mail the verification to the person at the address below:								
Cianatura (if under 19 pleas	o includo a nav	ont/augre	lian cianatu	ural .				
Signature (if under 18, please	: mciuae a pare	ent/guard	nun Signati	iie)				

Date

Date