



For School Use Only	
_____ Attendance Staff Initials	
_____ Date Completed	
<input type="checkbox"/>	Required to pay \$5

# Attendance Verification Request

All former students are required to pay a \$5 cash only fee.

Date Requested (Today's Date) \_\_\_\_\_ \*Date Required \_\_\_\_\_

## STUDENT CONTACT INFORMATION:

Student Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

## PROGRAM INFORMATION & SCHOOL YEARS ATTENDED:

ROP Program(s) \_\_\_\_\_

Please note that any records prior to 1989 are not available at the Eden Area ROP. You must request those records at Hayward Unified School District. Note that you will have to refer to the school as New Haven.

School Year \_\_\_\_\_ School Year \_\_\_\_\_ School Year \_\_\_\_\_ School Year \_\_\_\_\_

Please check this box if the years are an approximation

## REASON FOR VERIFICATION:

✓Please check all that apply

- Medical Insurance
- Attendance
- Work
- EDD (Unemployment)
- CalWorks
- School
- Car Insurance
- Other \_\_\_\_\_

## FORM OF VERIFICATION:

- Fill out a Form (Requestor must attach form)
- Send a Fax    Attention to: \_\_\_\_\_ Fax: \_\_\_\_\_  
Send an
- Email        Attention to: \_\_\_\_\_ Email: \_\_\_\_\_
- Write a Letter    Attention to: \_\_\_\_\_ Address: \_\_\_\_\_  
Compnay/  
Organization: \_\_\_\_\_

**\*ALL REQUESTS WILL BE COMPLETED WITHIN 3 BUSINESS DAYS IF SUBMITTED BEFORE 11AM. NO EXCEPTIONS**

Requestor's Signature \_\_\_\_\_

Date \_\_\_\_\_