



CALIFORNIA STATE UNIVERSITY, LONG BEACH  
COLLEGE OF CONTINUING AND PROFESSIONAL EDUCATION  
CUSTOMER SERVICE CENTER

Request for Verification of Enrollment Letter

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Campus ID# \_\_\_\_\_

Semester(s): \_\_\_\_\_ Year(s): \_\_\_\_\_

Enrolled in the following classes:

CSULB Seal

Pick up on: \_\_\_\_\_

Email to: \_\_\_\_\_  
(no seal)

Fax to: \_\_\_\_\_  
(no seal)

Mail to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_