



# Canadian American Education Foundation Inc

Makati | BGC

[www.canamschool.org](http://www.canamschool.org) | [info@canamschool.org](mailto:info@canamschool.org)

## ENROLLMENT VERIFICATION REQUEST FORM

### STUDENT INFORMATION

Student ID Number: \_\_\_\_\_  
Name (Last, First, Middle): \_\_\_\_\_  
Date of Birth (MM/DD/YY): \_\_\_\_\_  
Current Address: \_\_\_\_\_  
\_\_\_\_\_  
Dates of Attendance at the Canadian American School: \_\_\_\_\_

### PARENT INFORMATION

Father's Name (Last, First, Middle): \_\_\_\_\_  
Mother's Name (Last, First, Middle): \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

### TYPE OF VERIFICATION

- Letter – choose the information needed  
 Enrollment:     Current Term     Specific Term: \_\_\_\_\_  
 Enrollment History  
 Other information: \_\_\_\_\_  
 Attachment submitted along Verification Request

### DELIVERY METHOD

- In-Person Pick Up  
 Mail  
 E-Mail

### RECIPIENT INFORMATION

Recipient Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Institution Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Country: \_\_\_\_\_

*Pursuant to the provisions of the Republic Act 10173 - Data Privacy Act of 2012, I grant permission for the release of my child's academic records as indicated on this form.*

Signature: \_\_\_\_\_  
Name: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_  
Date: \_\_\_\_\_

