



MOUNTAIN VIEW HIGH SCHOOL
3535 Truman Avenue
Mountain View, CA 94040

EDUCATION VERIFICATION REQUEST

In order to assist you, please fill in the questionnaire below and fax or scanned and email THIS FORM back to Mountain View High School

Attention:
Bertha Cornelio
Fax: 650-960-0418
Scanned & email: bertha.cornelio@mvla.net

Please allow 5 business days for processing.

Your Company Name:

Your Fax #

Your Client's information:

NAME USED WHILE ATTENDED: _____

COMPLETE DATE OF BIRTH: _____

GRADUATE OR NON-GRADUATE: _____

APROXIMATE DATE OF ATTENDANCE OR GRAD DATE _____

CITY WHERE SCHOOL IS/WAS LOCATED: _____

MOUNTAIN VIEW HIGH SCHOOL - STAFF USE ONLY

COMMENTS: _____

Verified by: _____

Position: _____

Date: _____