



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

EDUCATION VERIFICATION REQUEST

In order to assist you, please email the information below to:
Rose.russo@mvla.net

Please allow 5 business days for processing.

Your Company Name:

Your email address:

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: _____