



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

**EDUCATION VERIFICATION REQUEST**

In order to assist you, please fill in the questioner below and fax THIS FORM as well as your client's authorization form to:

**MVHS REGISTRAR Fax: 650-960-0418**

***Company:***

***Fax #***

***Client's information:***

NAME USED WHILE ATTENDED: \_\_\_\_\_

COMPLETE DATE OF BIRTH: \_\_\_\_\_

GRADUATE OR NON-GRADUATE: \_\_\_\_\_

APROXIMATE DATE OF ATTENDANCE \_\_\_\_\_

CITY WHERE SCHOOL IS/WAS LOCATED: \_\_\_\_\_

Verified by: \_\_\_\_\_

Position: \_\_\_\_\_

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

COMMENTS: