



Verification Request

Please print, complete and mail or fax this form to the Registrar's Office.

Student Name: _____ Date: _____

Student Ramapo ID#: **R** _____

Telephone # where you can be reached regarding this request: _____

Student Status: Full time Half Time Part Time

Semester to Verify:

Current (check one): Spring 20__ Summer 20__ Fall 20__

Past (provide semester year/s needed): _____

Send to: (Note: We only send verification to the company DIRECTLY)

Company

Insurance - Insured's Name: _____

Insured's ID # _____

Scholarship

Other _____

DIRECT mailing address of Company:

DIRECT fax number of Company:

Special Instructions: _____

Please Note: I understand all verifications will be mailed or faxed to the requesting agency. In addition to being mailed by RCNJ, faxed verifications may be received in an unsecured area, therefore the college is not responsible for lack of document confidentiality.

Signature: _____