



Verification Request

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

Use this form only if you are **UNABLE** to verify your enrollment through the National Student Clearinghouse. Visit [Web for Students](#) for additional information on printing enrollment verifications from the National Student Clearinghouse.

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: _____

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

- ___ 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: _____