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: _______________________________________

New Jersey’s Public Liberal Arts College
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