



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:

Four horizontal lines for entering mailing and fax information.

Special Instructions:
Two horizontal lines for entering 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: \_\_\_\_\_