



180 Remsen Street
Brooklyn Heights, NY 11201

Graduation Verification Request Form

Instructions

Please Note the Following:

1. This form is void until signed, (Required, if signature cannot be verified we cannot process this form.)
2. Please indicate the CORRECT address(es), name(s) of person(s), or apartment number where the letter is to be delivered.
St. Francis College, Office of the Registrar is NOT responsible for incorrect mailing information.

Step 1. Print the form

Step 2. Write/type the required information in the space below

Step 3. Sign the form.

Step 4. Mail to: St. Francis College, Office of the Registrar, 180 Remsen Street, Brooklyn, NY 11201 or Fax to: (718) 624-6677

Today's Date

Student ID # or Social Security No.

Student Name: Last

First

Middle

Street (Local Address)

This is a new address and/or phone number; please update my record to reflect this change.

City

State

Zip Code

Telephone No./ Cell Phone

Date of Birth

CONTENTS OF LETTER:

*STUDENT'S NAME: _____ *STUDENT'S MAJOR: _____

*DEGREE RECEIVED: _____ *YEAR OF DEGREE CONFERRAL: _____

ADDITIONAL INFORMATION TO BE INCLUDED:

****I hereby authorize St. Francis College to release this graduation verification.****

Signature of Student (REQUIRED)

PLEASE ALLOW 3-5 BUSINESS DAYS FOR PROCESSING

Please select an option for the letter:

To be picked-up: To be mailed to address as indicated above: To be faxed: _____
Fax Number/Recipient Name

**For
Office
Use**

- ACCOUNT CLEARED NO _____ YES _____ DATE _____
- IF DENIED, NOTIFICATION SENT NO _____ YES _____ DATE _____
- PICKED UP _____ MAILED OUT _____ DATE _____