ST. FRANCIS COLLEGE
THE SMALL COLLEGE OF BIG DREAMS

180 Remsen Street
Brooklyn Heights, NY 11201

Office of the Registrar
Tel. (718) 489-5242 Fax (718) 489-2059

Enrollment Verification Request Form

Instructions

Please Note the Following:

1. This form cannot be electronically submitted
2. This form is void until signed
3. 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 takes no responsibility for incorrect mailing information.**

NOTE: ***verification of semester enrollment status begins after the 1st week of each semester. Otherwise the status will be listed as "Pre-registered".***

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) 489-2059

_____
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

Semester of Certification: □ Spring Semester _____ □ Fall Semester _____

CONTENTS OF LETTER:
**NOTE: For Insurance purposes, you must include Insurance Member's Name and ID#.*

***MEMBERS'S NAME:** _____

***MEMBER'S ID#:**_____

_____
_____
_____
_____
_____

I hereby authorize St. Francis College to release the enrollment 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 _____