



180 Remsen Street
Brooklyn Heights, NY 11201

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) 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

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 _____

PICKED UP _____ MAILED OUT _____ DATE _____