



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 1<sup>st</sup> 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)**

**PEASE 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 \_\_\_\_\_