

REQUEST FOR ENROLLMENT VERIFICATION

Student ID: _____	Campus: _____
Name: _____	
E-mail address: _____	
Day Phone: _____	Evening Phone: _____
Address Street & No.: _____	
City: _____	State and Zip Code: _____

I am requesting a letter of enrollment status verification at Briarcliffe College for the following Semesters:

- Fall Year _____
 Spring Year _____
 Summer Year _____

Check one of the following delivery options (Please allow 2 business days for processing):

- Please hand the official(s) letter to me in a sealed envelope.
 Please fill out the attached form.
 Please mail the official(s) letter to my home address above.
 Please mail the official(s) letter to the following address:

Name: _____

Address Street & No.: _____

City: _____ State and Zip Code: _____

Please fax the letter to the following number:

Fax no.: _____ Attention: _____

Student Signature: _____ **Date:** _____

Registrar Use Only:

Processed By: _____ **Date:** _____

Comments: _____