

## SUNY EMPIRE Verification Request Form

Student name	2	
Student ID# or SS#		Cell phone
Email		Daytime phone
Address		
Instructions	the Office of the Registrar. Please note: Ve	rification. All enrollment verifications are processed by rifications are processed within two to three business erification requests are not processed for students with
☐ Verify deg ☐ Paraprofe ☐ Cumulativ ☐ No underg ☐ Check to i *Please note of the incomple and anticipar  Delivery Option	Iment (year term) gree earned/graduation recommended essional student with Labor Studies are GPA graduate transcript available (no credit earned include SS# in verification letter (if not check that we cannot produce an enrollment verificate grade has been awarded for a previous ted graduation dates will not be provided.	ed)* prior to Fall 2015 only <b>ked only last four digits will be included)</b> cation for terms for which the student is not enrolled.  term there is no current enrollment to report. Grades
Please send my verification to the following address		Please send my verification to the following fax #  Attention to
		Fax
		Reference/policy # (if necessary)
fax 51	e completed form and return via: 8-580-0105 or U.S. RegistrarsOffice@esc.edu	mail SUNY Empire State College Office of the Registrar 2 Union Ave. Saratoga Springs, NY 12866-4390
Student signa	ture	Date
	e with the Family Educational Rights and Priver release of enrollment verifications.	acy Act (FERPA) of 1974, your signature is required to
For Office Use:   Date mailed   Date faxed   Picked up by/date		