



Queensborough Community College **CU NY**

OFFICE OF THE REGISTRAR Request for Enrollment Verification of Information

INDICATE BELOW SEMESTER VERIFYING

Spring 20____ Summer 20____ Fall 20____

Student's Last Name (*print clearly*) _____ First _____

Student I.D. # _____

MAIL TO:

Name (*print clearly*)

Address

City, State, Zip

The College does not give official letters to students. If you want the certification letter to be official, the College must mail it directly to the agency requesting the information.

- PURPOSE:
- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> EMPLOYMENT | <input type="checkbox"/> HEALTH INSURANCE | <input type="checkbox"/> STUDENT COPY |
| <input type="checkbox"/> UNEMPLOYMENT | <input type="checkbox"/> IMMIGRATION | <input type="checkbox"/> TUITION REIMBURSEMENT |
| <input type="checkbox"/> VOUCHER | <input type="checkbox"/> OTHER _____ | |

PLEASE NOTE: IF THIS VERIFICATION LETTER IS BEING SENT FOR HEALTH INSURANCE PURPOSES, please include the Primary Policy Holder's Name and Social Security Number or your insurance can be denied.

Primary Policy Holder's Name _____ Primary Policy Holder's I.D. # _____
Last First

PLEASE PUT A CHECK MARK (✓) NEXT TO THE TYPE OF LETTER YOU WANT:

- CURRENTLY ENROLLED.** The information provided will include your name, student I.D. number, full or part-time status, number of credits completed, curriculum, and your anticipated date of graduation.
- SEMESTERS ENROLLED.** The information provided will include your name student I.D. number, and a list of the semesters enrolled and your status (full or part-time) for each semester.
- GRADUATION STATUS.** The information provided will include your name, student I.D. number, graduation dates, the degrees and/or certificates received, and the honors you were awarded.
- DEPT. OF LABOR (UNEMPLOYMENT BENEFITS).** The information provided will include your name, student I.D. number, a semester schedule, and your anticipated date of graduation.
- NON-DEGREE APPLICATION.** The information provided will state that you have expressed your intention to attend Queensborough Community College as a non-degree student for the upcoming semester.

Additional information: _____

I request that Queensborough Community College release the information noted on this application to the Agency/individual identified above.

Signature _____

Date _____