

Office of the Registrar

REQUEST FOR ENROLLMENT VERIFICATION

Last Name _____ First Name _____
Please print clearly

CUNY FIRST ID #

NOTE: 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.

MAIL TO:

Name _____

Address _____

City _____ State _____ Zip _____

PURPOSE OF LETTER: _____

PLEASE NOTE: if this verification letter is being sent for health insurance purposes please include the primary policy holder's name and ID number or your insurance may be denied.

Primary Policy Holder's Name _____

Primary Policy Holder's ID # _____

Indicate below semester verifying:

SPRING SUMMER FALL

Please mark the type of letter you want below:

ENROLLED: The information provided will include your name, student CUNY First I.D. number full or part-time status, number of progress units per semester earned, current program of study and your anticipated date of graduation.

GRADUATION STATUS: The information provided will include your name, CUNY First student I.D. number, graduation dates, the degrees and/or certificates received.

DEPT. OF LABOR (UNEMPLOYMENT BENEFITS): The information provided will include your name, student CUNY First I.D. number, a semester schedule and your anticipated date of graduation.

ADDITIONAL INFORMATION: _____

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

Student Signature _____ Date _____