

Verification Request

Please print, complete and mail or fax this form to the Registrar's Office.

Use this form only if you are **UNABLE** to verify your enrollment through the National Student Clearinghouse. Visit [Web for Students](#) for additional information on printing enrollment verifications from the National Student Clearinghouse.

Student Name: _____ Date: _____

Student Ramapo ID#: R _____

Telephone # where you can be reached regarding this request: _____

Student Status: ___ Full time ___ Half Time ___ Part Time

____ Company
____ Insurance Insured's Name: _____
____ Insured's ID # _____
____ Scholarship
____ Other _____

DIRECT mailing address of Company:

DIRECT fax number of Company:

Special Instructions:

Please Note: I understand all verifications will be mailed or faxed to the requesting agency. In addition to being