ENROLLMENT VERIFICATION REQUEST

Student Name: _____

Student ID#: _____-_____-_____ Date of Request: _____

Please check below what you wish to have verified:

_____ Full-time enrollment _____ Part-time enrollment

_____ Recommendation for NYS Teacher Certification _____ Degree with Major/Minor

_____ Other - Please specify: _____

Type of Verification Requested:

_____ Bank Loan _____ Financial Aid

_____ Credit Card _____ Insurance

_____ Employer _____ Other (_____)

Send Verification to: _____ Student at (_____ permanent or _____ local) address

_____ Other address: _____

_____

_____

Please note that we may not verify enrollment until a student is actually attending Ithaca College. We may, however, verify *expected* full-time enrollment.

Please write below any insurance policy numbers or other information that needs to be present on this verification:

_____

_____

_____

This verification should be mailed within 5 working days of receipt, except during extremely busy times (the first two weeks of each semester) when it may take up to 10 business days to fill verification requests.