



Student name _____

Student ID# _____ Cell phone _____

Email _____ Daytime phone _____

Address _____

Instructions Use this form to request an enrollment verification. All enrollment verifications are processed by the Office of the Registrar. Please note: Verifications are processed within two to three business days and in the order they are received. There may be a delay during high-peak processing times. Verification requests are not processed for students with a balance due.

Verification of

Current enrollment (Term 1 _____ Year 1 _____)

Upcoming enrollment (Term 1 _____ Year 1 _____)

Past enrollment (Term 1 _____ Year 1 _____, Term 2 _____ Year 2 _____)

Note: up to two terms only and letter will include only term and year information.

Degree earned or graduation recommended

Paraprofessional student, **Select:** Current Term detail Total credit detail

Cumulative G.P.A.

No undergraduate transcript available (no credit earned)* prior to Fall 2015 only

Check to include SS# in verification letter (if not checked only last four digits will be included)

* Please note that we cannot produce an enrollment verification for terms for which the student is not enrolled. If an incomplete grade has been awarded for a previous term there is no current enrollment to report. Grades and anticipated graduation dates will not be provided.

Delivery Options:

Mail (indicate to whom below)

Email – provide email address

Fax (indicate to whom below)

<u>If mail or email</u> , please send my verification to the following address:	<u>If fax</u> , please send my verification to the following:
_____	Attention to _____
_____	_____
_____	Fax _____
_____	Reference/policy # (if necessary) _____

Please sign the completed form and return via:

fax: 518-580-0105

U.S. mail

or

email: RegistrarsOffice@sunyempire.edu

Empire State University
Office of the Registrar
111 West Ave.
Saratoga Springs, NY 12866-6069

Student signature _____ Date _____

In accordance with the Family Educational Rights and Privacy Act (FERPA) of 1974, your signature is required to authorize the release of enrollment verifications.

For Office Use: Date mailed _____ Date faxed _____ Picked up by/date _____