Union County College

1033 SPRINGFIELD AVENUE, CRANFORD, NEW JERSEY 07016

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UNION COUNTY COLLEGE
REQUEST FOR STUDENT ENROLLMENT VERIFICATION

FAX: (908) 709-7131 PHONE: (908) 709-7134/7123

* IF YOU HAVE FINANCIAL OBLIGATIONS AT UNION COUNTY COLLEGE, THIS REQUEST WILL NOT BE PROCESSED, YOU MUST CLEAR YOUR OBLIGATION AND SUBMIT A NEW REQUEST.

NAME _____ SID# _____
PLEASE PRINT SS# OR CWID

PLEASE INDICATE THE TERM AND YOUR TIME STATUS FOR THE REQUESTED SEMESTER(S) YOU NEED VERIFIED. YOUR REQUEST WILL BE REVIEWED, PROCESSED AND COMPLETED WITHIN 2 BUSINESS DAYS.

FALL * _____ SPRING _____ SUMMER I _____ SUMMER II _____
YEAR YEAR YEAR YEAR

* WINTER SESSION INCLUDED

FULL-TIME [ ] HALF-TIME [ ] PART-TIME [ ]
(12 or more credits) (6-11 credits) (5 or fewer credits)

[ ] I am requesting a letter [ ] I do need a school seal [ ] I do need a signature

[ ] I have attached a form (Please fill out your area of the form and sign if required).

[ ] Other Request: _____

Please complete the mailing address ONLY if you want your request mailed, or list fax number or pick up date.

[ ] Mail to: _____

_____

_____

[ ] Fax: _____

[ ] Pick up the letter: _____ (Allow 2 business days)
list date

I HEREBY AUTHORIZE UNION COUNTY COLLEGE TO RELEASE THE ABOVE REQUESTED ENROLLMENT INFORMATION.

_____ _____
STUDENT'S SIGNATURE DATE

I give _____ permission to pick up my enrollment verification
PRINT NAME

letter, because I will not be able to pick this form up. _____ _____
Initials Date

Registrar's Office
RegOL 10/08