



Transforming Our Community... One Student at a Time

1033 SPRINGFIELD AVENUE, CRANFORD, NEW JERSEY 07016

CRANFORD CAMPUS (908) 709-7000 ELIZABETH CAMPUS (908) 965-6000 PLAINFIELD CAMPUS (908) 412-3599 SCOTCH PLAINS CAMPUS (908) 709-7000

REQUEST FOR STUDENT VERIFICATION FORM

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 _____ PLEASE PRINT _____ SID# _____ STUDENT ID# _____

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 ____ WINTER SESSION ____ SPRING ____ SUMMER I ____ SUMMER II ____ ENROLLMENT HISTORY ____
YEAR YEAR YEAR YEAR YEAR (EVERY SEMESTER)

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 _____

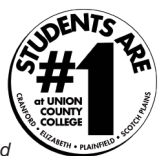
I give _____ permission to pick up my enrollment verification
PRINT NAME

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

Union County College Authorized Initials

Date

Union County College does not discriminate and prohibits discrimination, as required by state and/or federal law, in all programs and activities, including employment and access to its career and technical programs.



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