

ROXBURY COMMUNITY COLLEGE
Request for Verification


REGISTRAR'S OFFICE

Instruction: Please complete form legibly. Processing Time is **5 Business Days.**

Student Information

Name: _____	School I.D. #: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Maiden Name: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Telephone: (____) _____	Social Security #: _____
Signature: _____	Today's Date: _____

Please check the following verification options:

<input type="checkbox"/> Major: _____
<input type="checkbox"/> Verification of Enrollment for the following dates: _____
<input type="checkbox"/> Deferment Form: Semester to be deferred
<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer I <input type="checkbox"/> Summer II
<input type="checkbox"/> Verification of Student Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
 <i>Students can only be verified for those semesters for which they were officially enrolled.</i>

Handling

Number of Verification letters (Limit 2 copies): _____
Send the letter(s) to the attention of: _____
<input type="checkbox"/> I will pick up at the Registrar's Office
<input type="checkbox"/> Please fax to the following number: (____) _____
<input type="checkbox"/> Please mail to the following address:

Street

City

State

Zip Code

Registrar's Office use only

Mail: ____/____/____ Picked up: ____/____/____ Faxed: ____/____/____