



Community College

Office of the Registrar - Division of Student Affairs

Enrollment Verification Request

PLEASE PRINT CLEARLY, and submit this form to the Registrar's Office, room C-107.

Form with fields for PICK-UP Or MAIL TO, Year: 20, S I, S II, Last Name, First Name, Student S.S. or CUNYfirst ID #, Contact Phone Number, NAME, Address, City, State, Zip.

The College does not give official letters to students. If you want the certification letter to be official, the College must mail it directly to the agency requesting the information.

- PURPOSE: EMPLOYMENT, HEALTH INSURANCE, STUDENT COPY, UNEMPLOYMENT, IMMIGRATION, TUITION REIMBURSEMENT, VOUCHER, OTHER

NOTE: IF THIS VERIFICATION LETTER IS BEING SENT FOR HEALTH INSURANCE PURPOSES, please include the Primary Policy Holder's Name and Social Security Number, or your insurance may be denied. Please allow 2-3 business days to pick-up your verification letter.

Primary Policy Holder's Information:

Last Name, First Name, Primary Policy Holder's ID #

PLEASE PUT A CHECK MARK (✓) NEXT TO THE TYPE OF LETTER YOU ARE REQUESTING:

- CURRENTLY ENROLLED, SEMESTERS ENROLLED, FORMERLY ENROLLED, GRADUATION STATUS, DEPT. OF LABOR (UNEMPLOYMENT BENEFITS), NON-DEGREE APPLICATION, Never Attended, No Academic Record, Not Enrolled, OTHER

Additional information:

I request that LaGuardia Community College release the information noted on this application to the Agency/individual above. Attach transcript(s), Attach document(s), Student's Signature, Date, Signature from Pick-up, Date

RO-015/Revised: TL-01/2017

