



Community College

LaGuardia Community College - Office of the Registrar **Enrollment**

Verification Request

PLEASE EMAIL this form to Cmedrano@lagcc.cuny.edu with subject "ENROLLMENT VERIFICATION REQUEST."

Fall Spring Year: 20 S I S II

Last Name

First Name

CUNYfirst ID #

Contact Phone Number

MAIL TO:

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: EMPLOYMEN 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.** The information provided will include your name, student ID #, full or part-time status, Major, and your anticipated date of graduation. **(RO-V01)**
- SEMESTERS ENROLLED.** The information provided will include your name, student ID #, and a list of the semesters enrolled and your status (Full/Part time) for each semester. **(RO-V02/CF Enrollment Verification)**
- FORMERLY ENROLLED.** The information provided will include your name, student ID #, Major and your status (Full/Part time) for each semester. **(RO-V03)**
- GRADUATION STATUS.** The information provided will include your name, student ID #, graduation dates, the degrees and/or certificates received, and the honors you were awarded. **(RO-V04/CF Enrollment Verification)**
- DEPT. OF LABOR (UNEMPLOYMENT BENEFITS).** The information provided will include your name, student ID number, a semester schedule, and your anticipated date of graduation. **(RO-V05 or 599)**
- NON-DEGREE APPLICATION.** The information provided will state that you are attending LaGuardia Community College as a non-degree student for the current semester. **(RO-V06)**
- CONFIRMATION OF GRADUATION. (Apply for a Visa). (RO-V10)**
- Never Attended(RO-V07) No Academic Record(RO-V08) Not Enrolled(RO-V09) OTHER

Additional information: _____

Attach transcript(s)

Attach document(s)

I request that LaGuardia Community College release the information noted on this application to the Agency/individual above.

Student's Signature: _____

Date: _____

Registrar's Office use only:

Processed by: _____

Date: _____

RO-015/Revised: TL-02/27/2024

ADDRESS: 31-10 Thomson Avenue
Long Island City, NY 11101

PHONE: 718-482-7200
WEB: www.laguardia.edu

