# Herkimer
STATE UNIVERSITY *of* NEW YORK

## REQUEST FOR LETTER OF VERIFICATION
(Allow two business days for processing)

STUDENT'S NAME:_____

                          Last                          First           Middle Initial

ADDRESS:_____

           Street               City          State    Zip

Herkimer ID or SS#: _____ TODAY'S DATE:_____

TELEPHONE #_____ DATE NEEDED:_____

## Check the appropriate items:

I am:   __ Full-Time     __ Part-Time     __ Former Student

and am:   __ Non-Matriculated   __ Matriculated in _____

                                     Program/Major

Semester to Verify:   Fall 20_____   Summer 20_____   Winter 20_____   Spring 20_____

For the current semester, I am enrolled in _____ credit hours.

## SPECIFIC INFORMATION REQUESTED AND REASON NEEDED:

_____

_____

_____

## Delivery Method:

**MAIL TO:**_____

          _____

          _____

**FAX TO:** _____ **ATTN:** _____

**EMAIL TO:**_____

**HOLD FOR PICK UP IN THE REGISTRAR'S OFFICE** ___ (check for pick up)

**SIGNATURE:**_____

Office Use Only: Information verified by:_____Date: _____