

# Enrollment Certification Request

NAME (please print) \_\_\_\_\_

SOCIAL SECURITY or BANNER ID # \_\_\_\_\_

I would like to request that Herkimer County Community College verify my enrollment as a registered student for the WINTER SPRING SUMMER FALL semester of \_\_\_\_\_.  
(Circle One) (Year)

\_\_\_\_\_ I will pick up the certification letter. (Allow two business days for processing.)

OR

Provide Name and Address or FAX # where certification letter is to be mailed/faxed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

**PLEASE NOTE:** The certification letter will not be released without the student's signature or if there are any financial obligations or departmental holds.

\_\_\_\_\_  
Please complete and mail or fax to:

Herkimer County Community College  
Attn: Registrar Office  
100 Reservoir Road  
Herkimer, NY 13350  
Fax # 1-315-866-1657