

REQUEST FOR LETTER OF VERIFICATION

(Allow two 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 _____ Spring 20 _____

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

SPECIFIC INFORMATION REQUESTED AND REASON NEEDED:

Delivery Method:

MAIL TO: _____

FAX TO: _____

ATTN:

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

SIGNATURE: _____

Office Use Only:
Information verified by: _____ Date: _____