

Use this form only if you are UNABLE to verify your enrollment through the National Student Clearinghouse. Visit [Web for Students](#) for additional information on printing enrollment verifications from the National Student Clearinghouse.

Student Name: _____ Date: _____

Student Ramapo ID#: R _____

Telephone # where you can be reached regarding this request: _____

Student Status: ___ Full time ___ Half Time ___ Part Time

Semester to Verify: _____

Send to: (We b s i t e DIRECTLY o b i g n)

___ Company

___ Insurance Insured's Name: _____

___ Insured's ID # _____

___ Scholarship

___ Other _____

DIRECT mailing address of Company:

DIRECT fax number of Company:

Please Note:

