

Enrollment Verification Request Form

Once complete send this form to one of the following:

- E-mail - registrar@mercycollege.edu



STUDENT INFORMATION

Name: _____
First Middle Initial Last

Student ID #: _____ College Email: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Date of Birth: _____

ENROLLMENT VERIFICATION INFORMATION

TERM FOR ENROLLMENT VERIFICATION:

Fall Semester Spring Semester Summer Semester Year(s): _____

ADDITIONAL NOTES FOR ENROLLMENT VERIFICATION:

SEND OR FAX TO:

E-mail Fax U.S. Mail

Name of Organization: _____

Attn: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Fax Number: _____ Email: _____

The Office of Student Records has my permission to send this enrollment verification to the individual or organization above.

Student Signature

Date

Office: Student Records

Copy to: Student File

Last Updated: 01/12/2021

Processed by: _____ Date: _____

Staff Initials