



VERIFICATION REQUEST FORM

Enrollment Verifications processed prior to the start of the semester are for informational purposes only. Official verification of enrollment can be requested 7 days after the start of the semester that needs to be verified or on-line through your BannerWeb Account by clicking on Student Records then Enrollment Verification.

Please Print Neatly & Legibly

Name: _____ Social Security Number(optional) _____ - _____ - _____
Address: _____ Student ID Number: _____
City, State, Zip Code: _____
Email Address: _____

Select the information to be verified from the items below:

- () Degree/Certificate Program
() Enrollment Status: Full /Half Time
() Not Enrolled

Semester(s) to be Verified

i.e. Fall 2014

I authorize Southern Connecticut State University to release the information indicated above to ONE of the options listed below:

- () I Will Pick Up - after 5 business days () Send by Fax (___) _____ - _____

This option is not available during the 1st 30 days of any semester ATTN: _____

() Send to:
Name: _____
Address: _____
City, State, Zip Code: _____

Student Signature: _____ Date: _____

BOTTOM PORTION OF THIS FORM IS TO BE COMPLETED BY THE REGISTRAR'S STAFF ONLY

Semester Beginning/Ending Dates: _____ to _____
[] Matriculated [] Not-Matriculated [] Full-Time [] Part-Time [] Not Currently Enrolled
Processed By: _____ Date: _____

Registrar's Fax: (203) 392-7144 Contact email: Pattersonc5@southernct.edu

Rev. 9/29/15