
ENROLLMENT VERIFICATION REQUEST

This form should be used to request enrollment verification. Please type or print legibly.

Name: _____ **Student ID#:** _____
Last Name First Name Middle Initial

Rutgers Email Address: _____

Current Mailing Address:

Include Number, Street and Apt. Number City State Zip Code

Phone Numbers:

Home Telephone Number (incl. area code) Business Telephone Number (incl. area code) Mobile Telephone Number (incl. area code)

Campus: (please check one) **New Brunswick** **Newark**

Department: _____

Dates of Attendance: _____

State below the type of information regarding your status that you wish to release, e.g., anticipated date of graduation, full-time or half-time status, etc. Please note grades cannot be sent via this request form. If you wish to release grade information, you must request transcripts at transcripts.rutgers.edu.

Print the complete mailing address of where and to whom you wish this verification sent.

Student Signature

Date

**RETURN TO
OFFICE OF THE REGISTRAR**