



ENROLLMENT OR DEGREE VERIFICATION REQUEST

Student Information

Name _____
Last *First* *MI*

Street Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____

FIT ID Number (or Social Security Number) _____

Major _____

Dates of Attendance: from _____ to _____

Degree (sought or obtained)

- Associate degree
 Bachelor's degree
 Master's degree

Choose the Type of Verification

Enrollment Verification

Please check those that you wish included:

- verification of current enrollment only
 verification of enrollment for each term attended

Degree Verification

- A.A.S. M.A.
 B.F.A. M.P.S.
 B.S.

Mailing Information

- Please mail the verification to me at the address above.
 Please mail the verification to the person and address below:

Signature

_____ Date ____ / ____ / ____

- Verifications will be mailed within five (5) business days from the date the request is received. Delays may occur for archived records (pre-1982) and during peak periods.
- No request will be processed unless all College holds (financial, medical, etc.) have been fulfilled.
- Requests may be dropped off in person, faxed to (212) 217-3821, or sent by mail to the address above.