



## ENROLLMENT OR DEGREE VERIFICATION REQUEST

### Student Information

Name \_\_\_\_\_  
*Last* *First* *MI*

Street Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_

FIT ID Number \_\_\_\_\_

Major \_\_\_\_\_

Telephone # \_\_\_\_\_ Email Address \_\_\_\_\_

Degree (sought or obtained)    Dates of Attendance: from \_\_\_\_\_ to \_\_\_\_\_

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

X \_\_\_\_\_ 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.