



Office of the Registrar

845-398-4300

Verification Letter Request Form

STUDENT INFORMATION:

Name: _____ Student ID #: _____

Home Address: _____

Phone Number: _____ STAC Email: _____

Signature: _____ Date: _____

RECIPIENT INFORMATION:

Check one:

Mail to Address Above

Mail to Different Address: _____

City: _____ State: _____ Zip: _____

Fax: _____ Attention: _____

Email: _____

Hold for Pick Up: Call me Email me [when letter is available for pick up]

INFORMATION REQUESTED:

Number of Copies Needed: _____ Semester: _____

Special Instructions for Verification Letter:

OFFICE USE ONLY:

Date Received: _____ Date Sent: _____