RCC | Rockland Community College
STATE UNIVERSITY OF NEW YORK

Registration & Records Office

Student Verification Request

Please verify my status for:

_____ Full Time _____ Insurance _____ Graduation

Name: _____   **Date**: _____

Student ID: _____

I authorize Rockland Community College to include my Social Security Number in the verification.

_____ Yes _____ No   Signature: _____

(If you check NO, you are acknowledging that your SS# will not be included in the verification and your information may not be sufficient for the third party)

Semester: ___ Spring   ___ FallYear: 20____

I would like _____ number of copies

I would like my letter to be:

Picked up in one week: ____

Faxed to: ____
_____

Mailed to: ____

Attn: _____

_____
_____
_____

To include the following additional information:

_____
_____
_____
_____