



Office of the Registrar
505 Ramapo Valley Road, Mahwah, NJ 07430-1680
Phone (201) 684-7695 Fax (201) 684-7956
www.ramapo.edu

Verification Request

Please print, complete and mail or fax this form to the Registrar's Office.

Use this form only if you are UNABLE to verify your enrollment through the National Student Clearinghouse. Visit [Web for Students](#) for additional information on printing enrollment verifications from the National Student Clearinghouse.

Student Name: _____ Date: _____

Student Ramapo ID#: R _____

Telephone # where you can be reached regarding this request: _____

Student Status: ___ Full time ___ Half Time ___ Part Time

Company
___ Insurance Insured's Name: _____
___ Insured's ID # _____
___ Scholarship
___ Other _____

DIRECT mailing address of Company:

DIRECT fax number of Company:

Special Instructions:

Please Note: I understand all verifications will be mailed or faxed to the requesting agency. In addition to being