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

Semester to Verify:_____

Send to: (We **DIRECTLY**)
____ Company
____ Insurance - Insured's Name: _____
____ Insured's ID # _____
____ Scholarship
____ Other _____

DIRECT mailing address of Company: **DIRECT** fax number of Company:

_____ _____

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Please Note: