



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