

Registration & Records Office

Full-Time / Insurance Verification Request

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 Fall Year: 20____

I would like _____ number of copies

I would like my letter to be:

Picked up in one week:

Mailed to the address below:

Faxed to the number below

Attn: _____