



OFFICE OF THE REGISTRAR

MARIST COLLEGE

REQUEST FOR VERIFICATION LETTER



ID # _____

SEND TO: _____

STUDENT NAME & LOCAL ADDRESS: _____

OR STUDENT TO PICK UP _____

Number of copies needed: _____

CONTACT NUMBER _____

SIGNATURE _____

DATE _____

PLEASE INDICATE INFORMATION YOU NEED VERIFIED:
PLEASE be advised that verifications of enrollment for future semesters will not be available until the close of the Registration Period.

_____ Full-time / Part-time student (Please circle one)

_____ Please indicate semesters needed _____
(only past and current semesters can be verified)

_____ Complete dates of enrollment

_____ Credit hours of current semester

_____ Major field of study

_____ Date of expected graduation _____ Date of graduation

_____ Other: _____

Please be advised that we need 3-5 business days to process.

Office policy does not permit us to send or receive faxes

Mail to: Registrar's Office Marist College
3399 North Road, Poughkeepsie, NY 12601