

The College at Brockport
State University of New York
Office of Registration and Records
350 New Campus Drive
Brockport, New York 14420-2966

VERIFICATION OF ENROLLMENT FORM

Office of Registration and Records
Phone: (585) 395-2531
Fax: (585) 395-5392

PLEASE FILL IN COMPLETELY.

NAME: _____ **SS#:** _____ - _____ - _____

ADDRESS: _____ **DATE OF BIRTH:** _____

_____ **TODAY'S DATE:** _____

STUDENT SIGNATURE: _____

Please send this verification of my enrollment to the following agency checked below:

- | | |
|---|--|
| <input type="checkbox"/> ACS, Utica NY | <input type="checkbox"/> Student Loan Corporation (Citibank) |
| <input type="checkbox"/> AES Loan Services | <input type="checkbox"/> Student Loan Servicing Center, Rensselaer, NY |
| <input type="checkbox"/> Great Lakes Higher Education Corp. | <input type="checkbox"/> Wachovia |
| <input type="checkbox"/> HSBC Bank USA | <input type="checkbox"/> William D. Ford, Direct Loan Servicing Ctr. |
| <input type="checkbox"/> Nelnet | <input type="checkbox"/> Xpress Loan Services |
| <input type="checkbox"/> Sallie Mae Servicing Corp., Wilkes-Barre, PA | |

OTHER: _____

I request that the Registration and Records Office verify my enrollment for:

FALL SPRING SUMMER **YEAR(S):** 19 _____ **Graduation Date/:** _____

20 _____ **or Last Day of Attendance:** _____

Full Time (12 crs. Or more) Half Time (6-11 credit hours) Less than Half Time _____ # of cr. hrs.

THIS SECTION WILL BE COMPLETED BY THE REGISTRATION AND RECORDS OFFICE

The student is/was enrolled during the academic period from:

_____ TO _____	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Half-Time	<input type="checkbox"/> Less than Half-Time
_____ TO _____	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Half-Time	<input type="checkbox"/> Less than Half-Time
_____ TO _____	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Half-Time	<input type="checkbox"/> Less than Half-Time
_____ TO _____	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Half-Time	<input type="checkbox"/> Less than Half-Time
_____ TO _____	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Half-Time	<input type="checkbox"/> Less than Half-Time
_____ TO _____	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Half-Time	<input type="checkbox"/> Less than Half-Time

Other Verification: _____

College Seal & Registrar's Signature

School OPEID # 002841

This verification was done by: _____

Date: _____