Manhattanville COLLEGE®

# VERIFICATION REQUEST FORM

Student Name: _____ _____ _____
LAST FIRST MIDDLE

Student ID: _____ Phone: _____ Email: _____

## VERIFICATION INFORMATION

Information to be Verified:

- ☐ Current Student Status (full-time/part-time; undergrad/graduate; matriculated/non-matriculated)
- ☐ Anticipated Date of Graduation
- ☐ Degree Conferred
- ☐ Past Enrollment: Dates from _____ to _____
- ☐ Other: _____

Term(s) to be Verified:

- ☐ Fall
- ☐ Winter
- ☐ Spring
- ☐ Summer

Year(s) to be verified: _____

Reason for Request:

- ☐ In-School Deferment for Loans
- ☐ Private Insurance
- ☐ Other: _____

***NOTE:*** *Enrollment verification requests will be accepted for terms with registration only.*

## DELIVERY OPTIONS

- ☐ Email:
  - Name/Company: _____
  - Email Address: _____
- ☐ Mail:
  - Name/Company: _____
  - Street Address: _____
  - City: _____ State: _____ ZIP/Postal Code: _____ Country: _____
- ☐ Pickup from Registrar's Office

*Verification letters are stamped with the college seal and signed by a Registrar staff member. Requests may take 5-7 business days to be processed.*

Student Signature: _____ Date: _____

Manhattanville College Registrar's Office ♦ Reid 3rd Floor ♦ 914-323-5337 ♦ registrar@mville.edu