

ENROLLMENT VERIFICATION REQUEST

This form is a request by a student to verify current or previous enrollment at Massachusetts Bay Community College. To verify a student's attendance, the student must be in good standing status at the College. Otherwise the request will not be processed until such time as the matter has been resolved. If there is a problem with the student's standing status, they will be notified in a timely manner.

1. MassBay 7-digit student ID _____
2. Social Security Number (optional) _____
3. Date of Birth _____
4. Student Full Name _____
5. Phone _____
6. Street Address _____
City / State / Zip code _____
7. Please select the semester to be verified Fall Spring Summer
8. Year to be verified _____
9. I will pick up the enrollment verification Please mail the enrollment verification

<p>OFFICE USE ONLY</p> <p>Date Received: _____</p> <p>Received by: _____</p> <p>Date Processed: _____</p> <p>Processed by: _____</p>
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NOTE: If pick up, please bring a photo-ID. If mail, please provide the address where it should be mailed to
In the space below, or check if the address to be mailed to is the same as above in #6.

10. Name _____
Street Address _____
City / State / Zip code _____

11. **Student Signature (required)** _____
Date _____

NOTE: Please allow 1 to 2 work days for processing of any request. Verification requests will not be processed during the two week period before the beginning and during the add/drop period of each semester. There are no exceptions.