Request for Enrollment Verification Letter

Registrar's Office ✧ Keuka College ✧ Keuka Park, NY 14478
Phone: 315-279-5204 ✧ Fax: 315-279-5294

Student's Name:	SS# or Student ID#:
Signature:	

I would like to request a letter stating that I am/was enrolled at Keuka College during the following semester:

❑Spring ❑Fall ❑Summer Year:_____

LETTER DELIVERY INSTRUCTIONS:

❑ Please deliver the letter to my D-Box #_____

❑ I will pick up the letter from the Registrar's Office on: _____

❑ Please fax the letter to: ATTN: _____

FAX#: _____

❑ Please mail the letter to: _____

_____

_____

Note: please allow 48 hours for the processing of your request

OFFICE USE ONLY:

Matriculation Date:	Anticipated Graduation Date:	Major:

REVISED May 2005