Rowan College SOUTH JERSEY

Enrollment Verification Request

Student ID

☐☐☐☐☐☐☐☐☐

Student's Full Name _____
Last *First* *Middle Initial*

Street _____

City/State/Zip _____

Home Phone_____ **Cell Phone**_____

Email _____

Last 4 digits of SS# _____

I hereby grant permission for the release of the following information:

Semester/Year		Enrollment Status
❑ Fall_____	❑ Winter _____	❑ Full-Time (12 or more credits)
❑ Spring_____	❑ Summer_____	❑ Half-Time (6-11 credits)
		❑ Less than half-time (1-5 credits)
Other:		
❑ Dates of Attendance	❑ Anticipated date for graduation	❑ Letter for Jury Duty
❑ Grade Point Average (GPA)	❑ See attached form or letter	❑ Other Reason: _____
❑ Pick-up Verification (Gloucester)	❑ Mail Verification	(Please allow 3-5 business days for processing)
❑ Pick-up Verification (Cumberland)		

Mail To_____

Address _____

Student Signature _____ **Date Processed** _____

RCSJ/C+M/0925