

Registrar's Office Building 2, Second Floor 1234 Columbus Avenue Roxbury Crossing, MA 02120 Tel. 857-701-1203 fax 855-670-1795 Registrars.office@rcc.mass.edu

REQUEST FOR VERIFICATION

INSTRUCTIONS: Please print clearly.

		STUDEN	T INFORMATION	
NAME (LAST FIRST L			MARENAME	
NAME (LAST, FIRST, I	MI)		MAIDEN NAME	STUDENT ID #
ADDRESS				MALE FEMALE
CITY	STATE	ZIP	PHONE NUMBER	
	PLEASE C	HECK THE FOL	LOWING VERIFICATION OPTI	ONS
Major:				
Verification of enrollm	ent for the following semeste	:		
Term: (Check one)	☐ Fall ☐ Spring ☐	Summer	Year:	
Verification of Student	Status: Full-time	☐ Part-time		
Students can only be ve	erified for those semesters for w	hich they were officia	ally enrolled for.	
		INS.	TRUCTIONS	
Send letters to the at	tention of:			
□ I will pick up at th	e Registrar's office			
□ Please <u>fax</u> to the following number:				
☐ Please <u>email</u> it to	the following email Address	:		
		SIGNAT	URE AND DATE	
STUDENT'S SIGNATURE				DATE (MM/DD/YYYY)