



MarymountManhattan

ENROLLMENT/DEGREE VERIFICATION REQUEST

Student Name: _____
(First name) (Mi) (Last name)

Student ID No. _____ Date of Birth: _____

I authorize Marymount Manhattan College to release the following information to the address below:

- | | |
|--|---|
| <input type="checkbox"/> <u>Current Students</u>
Current Enrollment Status for the current term | <input type="checkbox"/> <u>Graduate/Alumnus</u>
Graduation Date |
| <input type="checkbox"/> Enrollment status for next term (Pre-registration Verification) | <input type="checkbox"/> Degree |
| <input type="checkbox"/> Dates of Attendance with Enrollment Status (Past Semesters) | <input type="checkbox"/> Dates of Attendance |
| <input type="checkbox"/> Other information (e.g. Major, Class Level, Expected Graduation Date) | |

Please specify: _____

Method of Delivery

- Mail E-Mail Fax Pick up in person (with photo I.D.)

Name Institution/Company/Other: _____

Office/Suite: _____

Address: _____

City, State, Zip: _____

Contact Person: _____

E-Mail Address: _____

Fax No: _____

Student Signature: _____ Date: _____

Return this form to: Center for Student Services, Marymount Manhattan College, 221 E.71 St. New York, NY 10021, Fax to: 212-517-0491, or scan the form and e-mail it to:css@mmm.edu

For Office Use:

Processed by: _____ Date: _____