



Registrar's Office | 545 Fifth Ave, 7th fl. New York, NY 10017 | Phone:212.752.1530 ext.404 | Fax:212.750.3475 | [registrar@limcollege.edu](mailto:registrar@limcollege.edu)

### Enrollment Verification Request

**Instructions:** Please PRINT. Fill out the information below and submit to the Registrar's Office.

- Please keep in mind that LIM College cannot verify active enrollment in a semester/term until the first day of the semester/term being verified.
- Enrollment verifications contain the *student's name on file, the degree program that you are in, current semester/term start and end dates and student status at LIM College (part-time or full-time)*. If you need additional information included in your enrollment verification letter, please write it in the special notes section of this form.
- All Enrollment Verifications are completed within **5-10 business days**. Additional time may be required for processing during registration periods.

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Student ID Number \_\_\_\_\_ Telephone Number (\_\_\_\_\_) \_\_\_\_\_  
Home/Cell Phone

Select a delivery option for your enrollment verification and provide the appropriate information.

<input type="checkbox"/> Pick Up: Photo ID required.	<input type="checkbox"/> Mail: Use address on attached form	<input type="checkbox"/> Mail: Use address entered below	<input type="checkbox"/> Fax	<input type="checkbox"/> E-Mail: Sent as a secure PDF file with a password based on the last 4 digits of the student's LIM College ID Number.
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Include the FULL NAME & MAILING ADDRESS, FAX NUMBER or E-MAIL ADDRESS to which the verification should be sent. You are responsible for the accuracy of the information and completeness of any forms included with this request. Forms that require your signature should also be signed before submitting this request.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Special Notes:**

If any additional information on your enrollment verification letter should be included, please write that information here.

\_\_\_\_\_  
\_\_\_\_\_

By signing below you agree to allow LIM College to release your information to the above parties. **Your request will not be processed without a signature and date.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Registrar's Office Use Only**

Date Processed \_\_\_\_\_

Processed by \_\_\_\_\_