REQUEST FOR VERIFICATION OF ENROLLMENT and AUTHORIZATION TO RELEASE INFORMATION

1. Verification requests cannot be processed without the signature of the student.
2. Verifications are processed in the order they are received.
3. Normal "turn-around" times is five working days from the date the request is received.
4. Please write clearly and legibly when completing this form.

Today's date: _____ ID # _____ or S.S# _____

I, _____, do hereby authorize Passaic County Community

College to release information as requested to:

Name: _____
(please print your name)

Address: _____State: _____Zip Code _____

I prefer to pickup: _____

Please specify the information you wish to have released.
(NOTE: If this section is left blank we will release only **your name, social security number and your current enrollment status.** However, if you are attaching a standard form for us to complete, simply write "See attached" in this section.):

_____

_____

_____

Student's Signature: _____