



STUDENT ENROLLMENT VERIFICATION REQUEST

Reason:

Loan Deferment ()

Good Student Discount ()

Health Insurance ()

Policy Number _____

Other () _____

Students Name: _____

CCSU ID Number: _____

Semester to Verify: _____

I am requesting:

Fax request to: _____
Name of the Recipient and their fax number

Mail request to: _____
Name of the Recipient

Address

Hold for pick up: _____
Phone Number – Will call when ready.

Student's Signature

Date

**Please complete this form and return to the Office of the Registrar for processing.
Davidson Hall, Room 116, 1615 Stanley Street, New Britain, CT 06050
Fax it to 860-832-2250 or email it to regstaff@ccsu.edu**