



**VERIFICATION OF ENROLLMENT FORM**

**PLEASE FILL IN COMPLETELY.**

NAME: \_\_\_\_\_ ID / SOC. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DATE: \_\_\_\_\_

Please send this verification of my enrollment at Alfred State College to the following:

Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_       Mail

COMPANY/RECIPIENT: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

I request to have my enrollment verified for the following session(s):

\_\_\_ FALL \_\_\_ SPRING \_\_\_ SUMMER \_\_\_ WINTER      YEAR(S): \_\_\_\_\_

This completed form may be faxed to the Registrar's Office at (607) 587-3287, e-mailed to [Records@alfredstate.edu](mailto:Records@alfredstate.edu), or it may be mailed to: Alfred State College, Registrar's Office, 10 Upper College Drive, Alfred, NY 14802. Requests are usually filled within 2-3 business days; however, please allow up to 2 weeks during peak times.