



Enrollment Verification Request

Office of the Registrar
101 Bresee Hall
Hartwick College
Oneonta, NY 13820
Tel: 607-431-4460; Fax: 607-431-4260

For office use only: Processed by: _____ _____ Date: _____ _____

Please complete this form and return it to the Registrar's Office.

Name: _____ Date: _____

Email address: _____ Phone (in case of questions): _____

Hartwick ID #: _____

Information needed to be included in verification (check all that apply):

- Enrollment Status (full time, part time) for all terms attended
- Expected Date of Graduation
- Other: _____

Delivery Instructions (check one):

- I will pick up this verification
- Fax verification to: _____
(include name and number)

- Email verification to: _____
(include name and email address)

- Mail verification to:
Recipient Name: _____
Address: _____
City: _____ State: _____ Zip: _____

I authorize Hartwick College to provide the following verification

Student's Signature

Date

Bring completed form to the Office of the Registrar or Mail it to:

Hartwick College
1 Hartwick Drive
PO Box 4020
Oneonta, NY 13820

You may also fax this request to (607)-431-4260

If necessary, please attach signed verification requests (i.e. insurance forms) to this form.