



Office of The Registrar

50 Oakland Street, Wellesley Hills, MA 02481
19 Flagg Drive, Framingham, MA 01702
250 Eliot Street, Ashland, MA 01721
E-mail: registrar@massbay.edu

Phone (781) 239-2550
Phone (508) 270-4050
Phone (508) 881-9393
www.massbay.edu

Fax (781) 239-2525
Fax (508) 872-4067
Fax (508) 881-2513
TTY (781) 239-2513

ENROLLMENT VERIFICATION REQUEST

This form is a request by a student to verify current or previous enrollment of Massachusetts Bay Community College. To verify a student's attendance, the student must be in good standing status at the College. Otherwise the request will not be processed until such time as the matter has been resolved. If there is a problem with the student's standing status, they will be notified in a timely manner.

- 1. Today's Date _____
- 2. Student Name _____
- 3. Phone (_____) _____
- 4. MassBay 7-digit student ID _____
- 5. Social Security Number (optional) _____
- 6. Street Address _____
- City / State / Zip code _____

- 7. Please select the semester to be verified Fall Spring Summer
- 8. Year to be verified _____
- 9. I will pick up the enrollment verification Please mail the enrollment verification

Note: If pick up, please bring a picture ID. If mail, please provide the address where it should be mailed to In the space below, or check if the address to be mailed to is the same as above in #6

- 10. Street Address _____
- City / State / Zip code _____
- 11. Student Signature Required _____

FOR OFFICIAL USE ONLY

Date Received in Office:

Processed By:

Please Note: Please allow 1 to 2 work days for processing of any request. Verification requests will not be processed during the two week period before the beginning and during the add/drop period of each semester. There are no exceptions.