

## ENROLLMENT VERIFICATION REQUEST

This form is a request by a student to verify current or previous enrollment at 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. MassBay 7-digit student ID \_\_\_\_\_
2. Social Security Number (optional) \_\_\_\_\_
3. Date Of Birth \_\_\_\_\_
4. Student Full Name \_\_\_\_\_
5. Phone \_\_\_\_\_
6. Street Address \_\_\_\_\_  
City / State / Zip code \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Received:  
\_\_\_\_\_

Received by:  
\_\_\_\_\_

Date Processed:  
\_\_\_\_\_

Processed By:  
\_\_\_\_\_

- 
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 photo-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. Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City / State / Zip code \_\_\_\_\_
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11. Student Signature (required) \_\_\_\_\_  
Date \_\_\_\_\_

**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.