



OFFICE OF THE REGISTRAR

o. (201) 684-7695 | f. (201) 684-7956
e: reg@ramapo.edu | ramapo.edu/registrar

ENROLLMENT VERIFICATION REQUEST

Only use this form if you are UNABLE to view/download an enrollment verification through Web Self-Service.

Student Information

Last Name: _____ First Name: _____

R# _____ Ramapo Email: _____@ramapo.edu

Verification Information

Term(s) to Verify: _____

Verifications can only be requested for terms that the student has registered for.

Recipient (select one):

- Myself
- Company/Organization: _____
- Insurance – Insured’s Name: _____ ID# _____
- Scholarship: _____
- Other: _____

Delivery Method (select one):

- Email:
Email address – *cannot be a personal email address*: _____
- Mail:
Name/Company: _____
Address: _____
City: _____ State: _____ Zip Code: _____ Country: _____
- Pick up from the Registrar’s Office

Special instructions, if any: _____

Note: Verifications may be received in an unsecured area. Ramapo College of New Jersey is not responsible for a lack of document confidentiality.

SIGN HERE →

Student’s Signature: _____ Date: _____

Registrar Use Only

Initials: _____ Date: _____ Sent via: _____

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