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## STUDENT VERIFICATION REQUEST

Please note that it takes 48 hours to process this request upon receipt.  
The completed form can be mailed to the attention of the Registrar or faxed.

Date: \_\_\_\_\_ Name: \_\_\_\_\_ SSN (last 4 digits): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Are you currently enrolled?  Yes  No

Program: \_\_\_\_\_

I request from Eastwick College a  Verification letter  Schedule for the following purposes:

Insurance

Employment

Other (please specify) \_\_\_\_\_

Special requests for letter:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Delivery Options:

Pick up in office

Mail to address below

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_