

ENROLLMENT VERIFICATION REQUEST

SPIRIT ID # _____ **Current Term Enrolled** _____

Last Name _____ **First Name** _____

Phone _____

I wish to:

Reason for Letter:

- Pick up*
- Mail

- Insurance
- Loan Deferment

Other _____

Please **PRINT** the name, and address of the person, agency or institution you wish to receive this letter below.



If not indicated the letter will be addressed To Whom It May Concern.

Name		
Street Address		
City	State	Zip

Student's Signature _____ **Date** _____

Current enrollment can be verified once the term has begun and payment has been arranged. Your account must be in good standing (no holds) to have this request processed.

* If you wish to pick up your correspondence letter, please note there is generally a three-day turnaround period. During registration periods, additional time may be required to process your request. Please inquire before leaving the Enrollment Services Center.

 **Saint Peter's College, Enrollment Services Center, 2641 Kennedy Blvd, Jersey City, NJ 07306** 
Phone (201) 761-6050 • Fax (201) 761-6051