



Registrar's Office
VAN 206
845-687-5075 (office)
845-687-5126 (fax)

491 Cottekill Road
Stone Ridge, NY 12484
www.sunyulster.edu

VERIFICATION OF ENROLLMENT REQUEST FORM

Return this form to the Registrar's Office, VAN 206.

Student Information

Date ____ / ____ / ____

Name

Student ID

Birthdate

SUNY Ulster email address

Request & Mailing Information

Semester(s) needed: _____

Please check one:

___ Date for Pick-up: ____ / ____ / ____

___ Mail to the following address:

Name: _____

Street Address: _____

City/State/Zip Code: _____

___ FAX to Area Code/Number: ____ / ____

Note: Letters are processed after the third week of classes for each semester

For Office Use Only

Date Received

Date Processed