



Enrollment or Degree Verification Request

Type of Request:

(Please check the appropriate box)

- Enrollment Verification Letter for student loans or insurance benefits, verifying beginning date of enrollment, current enrollment status and projected graduation date.
- Enrollment Verification Letter indicating GPA equivalent.
- Graduates: Confirmation of Degree & Date Earned
- Other (please explain):

Student Information:

Student First Name: _____

Student Last Name: _____

Current Phone: _____

Current Address: _____

Student ID (last four digits of Social Security Number): _____

Email: _____

Please Mail or Fax Enrollment Verification to:

Name of School or Individual: _____

Address: _____

City: _____ State: _____ Zip: _____

Fax number: _____

Student Signature: _____ Date: _____

Please return this form by mail or fax to: Registrar's Office
New England Culinary Institute
56 College Street
Montpelier, VT 05602

Fax: 802.225.3284
Phone: 802.225.3262