SUFFOLK COUNTY COMMUNITY COLLEGE
REGISTRAR'S OFFICE

Enrollment Certification Request Form

Please indicate the information you would like to have included in your certification letter. If you are requesting specific academic and/or course information, you should submit a transcript request form instead so that we may send your official transcript. ***Please note: Enrollment certifications will not be forwarded until after the start of classes. However, a pre-certification letter may be sent upon payment of your schedule. This will only certify that you are registered; not enrolled. Please contact your insurance company regarding their policy on pre-certification letters. Please allow 7-10 business days for processing.***

Name _____ Student ID # _____
                     Please Print

Telephone Number _____ Date _____

The following information should be included in the certification letter (check all that apply):

_____   Enrollment status for the _____ term (semester)

_____   Start and end dates

_____   Type of degree

_____   Program (major/curriculum)

_____   Anticipated graduation date _____
                                (Month/Year)

_____   Current schedule of classes

FOR INSURANCE REQUESTS ONLY:
INSURED'S NAME:_____
INSURED'S ID #:_____

Certification should be sent to (please list the ***complete*** name and mailing address and/or fax number):

_____

_____

_____

_____

_____   _____
           Signature of Student   Request Taken by

<u>***NOTE***</u>***: If you are currently enrolled, you must present your SCCC ID card in order for your request to be processed. If returning form by mail, you must send it along with a photocopy of your driver's license.***

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For Office Use Only: (<u>CERTREQ</u>)

Processed by: _____   **Campus:_____**   **Date:_____**

Revised: 6/09/14