



MONMOUTH UNIVERSITY
Office of Registration and Records
400 Cedar Avenue
West Long Branch, NJ 07764
Phone: 732-571-3477
Fax: 732-263-5141

REQUEST FOR ENROLLMENT VERIFICATION
FORMER STUDENTS ONLY WHO ATTENDED AFTER 1990

Please complete all information in black ink

Former Student Name: _____
(Please provide the name you used while attending Monmouth University)

ID No. _____
(or last three digits of SS#)

Phone Number: _____

- The Monmouth University Enrollment Verification for Former Students will satisfy individual or company requests and can be used by a former student **ONLY** to verify past enrollment for other entities. In most cases, additional certification is unnecessary.
- Students who require additional documentation included with this verification should have this verification mailed to themselves.
- Requests are processed and mailed within five business days (7-10 business days during peak periods) on official paper.

SEND VERIFICATION TO THE FOLLOWING ADDRESS:

Name: _____

Address: _____

City: _____

State: _____ **Zip:** _____

Former Student Signature

Date