



Enrollment Verification Form

Please Return to: Office of the Registrar
Pillar College, 60 Park Place, Suite 701, Newark, NJ
or email to registrar@pillar.edu

STUDENT IDENTIFICATION

Last Name: _____ First Name: _____ Middle Initial: _____

Name at time of Enrollment (if different from above): _____

Date of Birth: _____ Social Security Number: _____

Phone: _____ Estimated Dates of Attendance: _____

Address: _____

City, State, Zip Code: _____

I hereby grant permission for Pillar College to release my enrollment information to the institution named below:

Signature

Date

WHERE TO SEND THE COMPLETED ENROLLMENT VERIFICATION

Return the completed verification request and any required documentation to:

Institution: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

AUTHORIZED OFFICIAL'S CERTIFICATION

I certify, to the best of my knowledge and belief, that the student named above:

(1) is/was enrolled on start date: _____ as a: _____ Program / area of study: _____

- A full time student
- A half time student
- Less than half time

(2) is reasonably expected to complete his/her program requirements on _____ / _____ / _____

(3) Last date of attendance: _____

Name/Title of Authorized Official

Telephone number

Authorized Official's Signature

Date