

Please fill in completely.

Date: _____

Last Name: _____ First Name: _____ MI: _____

DOB: _____ ID/SOC #: _____

Phone: _____

Please send this verification of my enrollment at Alfred State to the following:

Fax: _____ Mail

Company/Recipient: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Enrollment Verification may only be processed for the current semester.

This completed form may be faxed to: (607) 587-3287, emailed to: SFS@alfredstate.edu, or it may be mailed to:
Alfred State Student Records and Financial Services Office, 10 Upper College Drive, Alfred, NY 14802.
Requests are usually filled within 2-3 business days; however, please allow up to 2 weeks during peak times.

