



CUNY SCHOOL OF LABOR AND URBAN STUDIES

THE CITY UNIVERSITY OF NEW YORK

25 West 43rd Street, 19th FL, New York, NY 10036-7406 | Phone 646 313-8300 | Fax (646) 313-8302 | Registrar@slu.cuny.edu

REQUEST FOR ENROLLMENT VERIFICATION

Instructions:

1. Fill out the form clearly and completely.
2. Drop off the form to the Registrar.
3. Bring a copy of this form with you on pick-up day.

Note: Letters not picked up within 2 weeks will be discarded.

Last Name: _____ First Name: _____ Middle: _____

EMPLID Number: _____ Last Four Digits of Social Security #: _____

Phone Number: _____ Email address: _____

Select all that apply:

Current Enrollment

Earned Degree (Graduation)

Include Term GPA

All Semesters Enrolled

Include Address

Please indicate if you wish to pick up your letter or have it mailed:

Pick Up (Allow up to 3-days for pickup)

Mail (Allow 5-7 business days for mail)

Specify Mailing Address:

Student's Signature

Date

Mail completed request to:

CUNY School of Labor and Urban Studies
Attn: Office of the Registrar
25 W 43rd Street, 19th FL
New York, NY 10036

OR

Submit via Document Upload

[Click here](#) to learn more

-----**For Administrative Use Only**-----

Administrator Name: _____ Date: _____

Decision: Approve Deny If "denied", reason:

Signature: _____