



ENROLLMENT OR DEGREE VERIFICATION REQUEST

Student Information

Name _____
Last First MI

FIT ID Number _____

Major _____ Telephone # _____

Email address _____

Dates of Attendance: from _____ to _____

Degree (sought or obtained) : Associate degree Bachelor's degree Master's degree

Type of Verification

Enrollment Verification

Degree Verification

Please select one option:

current semester enrollment only

enrollment for each term attended

A.A.S.

M.A.

B.F.A.

M.P.S.

B.S.

M.F.A.

Where do you want the verification sent:

Please email verification to:

_____@_____.

Please mail the verification to the address listed below.

Name of Recipient _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____

Signature

X _____ Date ____ / ____ / ____

- This form must be submitted along with a copy of a valid state or federal photo ID.
- Verifications will be processed within five (5) business days from the date the request is received.
- Delays may occur for archived records (pre-1982), for letters requiring multiple terms, and during peak periods.
- Requests may be dropped off in person or scanned and emailed to FIT_Registrar@fitnyc.edu.