



New York City Campus  
Registrar  
Nyack College  
2 Washington Street  
New York, NY 10004  
(646) 378-6192  
servicecenter@nyack.edu

## Request for Enrollment Certification

*Complete this form and return it to the Registrar's Office in the lower level or servicecenter@nyack.edu*

Name: \_\_\_\_\_ ID#: \_\_\_\_\_ Cohort # (if applicable): \_\_\_\_\_

Semester(s) to be certified: \_\_\_\_\_

Please select the information to be certified from the list below:

- |  |   |                                       |
|--|---|---------------------------------------|
| <input type="checkbox"/> Enrollment Status | <input type="checkbox"/> Degree Program                 | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Graduation Date   | <input type="checkbox"/> Anticipated Date of Graduation | _____                                 |
|  |   | _____                                 |

Please list the name and address, or fax number, of the individual or organization that is to receive this certification:

**TO:** \_\_\_\_\_  
**NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**FAX NUMBER:** \_\_\_\_\_

I authorize Nyack College | Alliance Theological Seminary to release the information indicated to the above address.

Student: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_