



Student Records, Gloucester Campus
856-415-2233 • registrar@rcsj.edu

Request for Verification of Student Enrollment Status

Student Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ ZIP: _____

Student ID#: A _____ Phone#: _____ Last 4 digits SS#: _____

Email: _____

F/T or P/T status: _____
(Full-time = 12+ credits)

Currently enrolled? Yes
(If not enrolled list reason below*)

Not enrolled? Reason for request*: _____

Semester: _____ Anticipated graduation date: _____

Verification information to be released to:

Name: _____ Attention: _____

Address: _____ City: _____ State: _____ ZIP: _____

Check one:

Mail Pick-up

Fax to: _____ - _____ - _____ Attention: _____

I hereby grant permission for the release of enrollment information:

Student's Signature: _____ Date: _____

(Please allow two days for processing)

NOTE: If information is requested for insurance purposes, please include the subscriber's name and ID number.
Instructions for Submission effective June 9, 2023:

Send this completed form and a copy of photo identification

By Mail:
Rowan College of South Jersey - Gloucester Campus
Student Services Building
Student Records Office
1400 Tanyard Road, Sewell, New Jersey 08080

In Person:
Student Services Building
Office of Student Records, Rm 1129

For Internal Use Only: Enrollment Verification

(Processor Initials)

Hold Code on Account

Must see Bursar or Director of Student Affairs for approval prior to processing

Approved Denied

Internal Date Stamp

Signature of Bursar or Director of Student Affairs

Date