



Central Connecticut State University

*Start with a Dream. Finish with a Future.*

Office of the Registrar

## STUDENT ENROLLMENT VERIFICATION REQUEST

Semester to verify: \_\_\_\_\_

Reason:

Loan Deferment ( )

Health Insurance ( )

Other: \_\_\_\_\_

If Health Insurance, Policy No.: \_\_\_\_\_

Student's Name: \_\_\_\_\_

CCSU ID: \_\_\_\_\_

Mail / Fax  
Request To: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete this form and return to the Office of the Registrar. (fax) 860-832-2250**

**Office of the Registrar, Davidson Hall 115, 1615 Stanley Street, New Britain, CT 06050**