



Brookdale Community College
Attn: Records Office (CAR Bldg)
765 Newman Springs Road
Lincroft, NJ 07738

VERIFICATION OF ENROLLMENT

Mail this form, and **legible copy of your Driver's License or Passport**, to the address above.
You may also bring this form to the office in person.

Please print clearly

BROOKDALE STUDENT ID #: _____

LEGAL NAME (FIRST, MI, LAST): _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PHONE NUMBER: _____ - _____ - _____

Verifications cannot be processed until the term(s) requested has begun.

Verify my enrollment for the following term(s): _____

OR

Other - Please provide a detailed description of what you need.

Please check one delivery method:

Visit the Office Admissions, Registration & Records in person (Photo ID required).
If not picked up within three weeks, the form/letter will be mailed to your mailing address above.

Mail the form/letter to me at my mailing address above.

Mail the form/letter to the following address:

NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

STUDENT SIGNATURE: _____

DATE: _____

**Forms sent to us by fax or email, or without a legible copy of your Driver's License or Passport,
will be returned to you and will not be processed.**