



Office of the Registrar
Bard College
30 Campus Road
Annandale-on-Hudson, NY 12504

Room: Ludlow 201
Phone: (845) 758-7458
Fax: (845) 758-7036
Email: transcripts@bard.edu

Enrollment Verification Request Form

STUDENT NAME: _____

STUDENT ID#: _____ **DATE OF BIRTH:** _____

EMAIL: _____ **PHONE:** _____

TERM TO BE VERIFIED Fall 20 _____ and/or Spring 20 _____

ADDITIONAL INFORMATION TO BE INCLUDED (e.g. Employee ID, Account #):

Check box below:

- Send to my Campus Mail Box
- Pick up in Registrar's Office (Ludlow 201)
- Email to my email address indicated above
- Fax to (_____) _____ - _____
- Mail to the address below:

Name

Number & Street Apartment #

City/Town State/Province Country ZIP/Postal Code

STUDENT SIGNATURE (required): _____ **DATE:** _____