



Rockland Campus:
Office of the Registrar
AGSC
350 North Highland Ave
Nyack, NY 10960
Fax (845) 348-3918

New York City Campus:
Office of the Registrar
AGSC
335 Broadway / 93 Worth St
New York, NY 10013-3904
Fax (917) 237-0399

REQUEST FOR ENROLLMENT CERTIFICATION

Name _____ Social Security # _____

Semester(s) / Class(es) to be certified: _____

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

- _____ Enrollment Status
- _____ Grade Point Average
- _____ Current Semester Hours
- _____ Degree Program
- _____ Enrollment Date
- _____ Anticipated Date of Graduation
- _____ Listing of Expenses Incurred
- _____ Resident Housing Status
- _____ Other _____

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

I authorize the Alliance Graduate School of Counseling to release the information indicated to the above address.

Signature

Date