

**Suffolk County Community College
Registrar Office
Enrollment Certification Request Form**

Please show the information you would like to have included in your certification letter. If you are requesting specific academic and/or course information, you should send a transcript request form instead so that we may send your official transcript. **Please note: Enrollment certifications sent only after the start of classes. However, you may receive a pre-certification letter when you make payment of your schedule. This form will only certify that you are registered; not enrolled. Please contact your insurance company regarding their policy on pre-certification letters. Please allow 7-10 business days for processing.**

Please complete this form and email it to your campus registrar at one of the following email addresses:

Ammerman: registrara@sunysuffolk.edu
Eastern: registrare@sunysuffolk.edu
Michael J. Grant: registrarw@sunysuffolk.edu

Name _____ Student ID # _____

Telephone Number _____ Date _____

The following information should be included in the certification letter (check all that apply):

Enrollment status for the _____ term (semester)

Start and end dates

Type of degree

Program (major/curriculum)

Anticipated graduation date _____
(Month/Year)

Current schedule of classes

For Insurance Requests Only: Insured's Name: _____ Insured's ID #: _____

Request certification sent to:
(Please include the **complete** name, telephone number, and email address.)

Signature of Student

Request Taken by

Note: If you are sending this request from an email address other than your SCCC email, you must include a copy of your Driver License for the purpose of authentication and signature comparison.

For Office Use Only: (CERTREQ)

Processed by: _____ Campus: _____ Date: _____