



400 Paramus Road  
Paramus, New Jersey  
07652-1595  
201-447-7857  
201-447-7218  
**Registration and Student  
Information Services**

**Verifications:**

Once you have printed and completed the verification form, it can be brought directly to the Office of Registration and Student Information Services. If you are unable to deliver it in person, you can fax the request to 201-670-7973 or mail it to the following address:

Bergen Community College  
Office of Registration and Student Information Services  
Attn: Verifications  
400 Paramus Road  
Paramus, NJ 07652

Upon receipt of your request, the normal “turn-around” time is five working days.  
**REQUEST FOR VERIFICATION OF ENROLLMENT and AUTHORIZATION TO RELEASE INFORMATION**

- 1. Verification requests cannot be processed without the signature of the student.
- 2. Verifications are processed in the order they are received.
- 3. Normal “turn-around” times is five working days from the date the request is received.
- 4. Please write clearly and legibly when completing this form.

\_\_\_\_\_  
Today’s date: \_\_\_\_\_

I, \_\_\_\_\_, being 18 years of age, do hereby authorize  
(please print your name)

Bergen Community College to release information as requested below to:

NAME OF ORGANIZATION: \_\_\_\_\_

ADDRESS OF ORGANIZATION: \_\_\_\_\_

**Please specify the information you wish to have released.**

(NOTE: If this section is left blank we will release only your name, address of record, social security number and your current enrollment status. However, if you are attaching a standard form for us to complete, simply write “See attached” in this section.):

Student’s Signature: \_\_\_\_\_ Soc. Sec.# \_\_\_\_\_

Parent’s Signature if student is under 18 years of age: \_\_\_\_\_

Your Address: \_\_\_\_\_

Telephone number where you can be reached: \_\_\_\_\_

Email this completed form to [ssforms@bergen.edu](mailto:ssforms@bergen.edu) from your Bergen Community College email account to ensure authentication.