

# Enrollment Confirmation for Current Students Form

**Please print out, complete and bring to the Registrar's Office or mail this form to:  
New England College of Optometry, Registrar's Office, 424 Beacon Street, Boston, MA 02115**

I, \_\_\_\_\_, am requesting a letter stating that  
Print Your Name Here

I am a student at The New England College of Optometry for the current academic year. The letter will contain the program, current academic year dates, and expected graduation month/year or date.

Print program and graduation year (ex: OD2016, ASIP2014): \_\_\_\_\_

Please circle one:      Female                      Male

Please state reason for request: \_\_\_\_\_

Some companies require a personal identifier/reference number in addition to your name (account number, DOB, etc.). If you do not provide an additional identifier and it is necessary to resend this verification, you may be charged a fee. Please print below the personal identifier or reference number, if necessary:

\_\_\_\_\_

☐ By checking the box, I waive the need for a personal identifier or reference number and am aware that a fee to redo the letter may be charged.

Please check one:

☐ I will pick up my letter in the Registrar's Office. (You will be e-mailed when it is ready.)

☐ Please send my letter to the individual and address below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Note: Letters will not be sent to a student's local address except for a final year student.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Note: Your letter will be completed within 3-5 working days after your request was submitted to the Registrar's Office. If your letter is not being mailed to an outside agency, a student at the College is expected to pick up his/her letter in the Registrar's Office (photo ID required). You will need to bring a Photo ID for identification purposes. Letters that are placed in your possession will state it was given to you.

For Office use only:

Date mailed/emailed: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

08/02/2013