



Education Verification Request Form

Submit this signed form by fax, mail, email, or in person to the address listed above.

* Required fields

*First Name: _____
 *Last Name: _____
 *Student ID#: A00 _____
 *Best Contact Number: (____) _____
 *Date of Birth _____
 *Rutgers Email _____
 *Personal Email _____

*Program: _____
 *Years of attendance: _____
 *Is this verification needed for a previous degree
 awarded? Yes No
 If yes, what institution awarded the degree?
 UMDNJ
 Rutgers College of Nursing
 Rutgers School of Nursing – Fall 2014 to present

*Reason for Verification Request
 National Certification Exam
 Board of Nursing State Licensure
 Employment
 Tuition Reimbursement
 G.I. Bill
 Insurance Purposes
 VA-Vocational Rehabilitation Program
 Other _____

*Please Select an Option:
 Please mail to this address:

 Please fax to: _____
 I would like to pick-up at Registrar's Office
 (The Registrar's Office will notify you once the request is
 processed and ready to be picked up.)

Special Requests/Comments

*Student Signature _____ Date _____

Please submit signed form to The Office of the Registrar • 65 Bergen Street, Room 618 • Newark, NJ 07101
 Phone: 973-972-5531 • Fax: 973-972-2743 • registrar@sn.rutgers.edu

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