



**Office of the Registrar**  
Bard College  
30 Campus Road  
Annandale-on-Hudson, NY 12504

**Room:** Ludlow 201  
**Phone:** (845) 758-7458  
**Fax:** (845) 758-7036  
**Email:** transcripts@bard.edu

## Enrollment Verification Request Form

**STUDENT NAME:** \_\_\_\_\_

**STUDENT ID#:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**TERM TO BE VERIFIED** Fall 20 \_\_\_\_\_ and/or Spring 20 \_\_\_\_\_

**ADDITIONAL INFORMATION TO BE INCLUDED** (e.g. Employee ID, Account #):

\_\_\_\_\_  
\_\_\_\_\_

**Check box below:**

Additional notes:

- ☐ Send to my Campus Mail Box
- ☐ Pick up in Registrar's Office (Ludlow 201)
- ☐ Email to my email address indicated above
- ☐ Fax to ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_
- ☐ Mail to the address below:

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Number & Street Apartment #*

\_\_\_\_\_  
*City/Town State/Province Country ZIP/Postal Code*

**STUDENT SIGNATURE (required):** \_\_\_\_\_ **DATE:** \_\_\_\_\_