

River Valley Community College)
One College Drive; Claremont, NH 03743-9707
438 Washington Street; Keene, NH 03431
Fax: (603) 543-1844

VERIFICATION REQUEST

I would like a letter verifying that I am a:

_____ full-time student _____ part-time student

Semester/Year: _____

Student's Name: _____
Print Name

Mailing Address: _____
Street

City/State/Zip Code

Daytime Phone: _____

Student ID#: _____

Program (if applicable): _____

Student Signature: _____

Date: _____

- _____ I will pick up the verification letter at the College.
- _____ Please mail the verification letter to me at the above address.
- _____ Please mail the verification letter to:

