Office of Financial Aid

Borough of Manhattan Community College
The City University of New York
www.bmcc.cuny.edu

199 Chambers Street
New York, NY 10007-1097
tel. 212-220-1430
fax 212-220-2368

REQUEST FOR EMPLOYMENT VERIFICATION LETTER

Student Name _____ _____
Last First Last Four Digits of SS#

_____ _____ ( )_____
Street Address Apt. City/State/ Zip Telephone

I would like to request an employment verification letter for the following academic year(s):_____.

Employment verification letters will be available in two business days. Please have your ID available.

Check One: _____ I will pick up the employment verification letter.

_____I would like the employment verification letter mailed to the above address.

_____ I would like the employment verification letter faxed to ( ) _____-_____.

_____ I would like to have the employment verification released to the third party listed below.

Name or Agency		Street Address	
City	State	ZIP	Phone

Release Authorization

Under federal legislation, namely the Family Educational Rights & Privacy Act of 1974 (FERPA), and City University of New York policy, I understand that my student aid records cannot be released to a third party without my permission. I hereby authorize the Financial Aid Office at Borough of Manhattan Community College to release information from my student aid records to the agency or individual named above.

Student's Signature: _____ Date: _____

OFFICE USE ONLY

☐ Student picked up letter. ☐ Letter mailed or faxed.

_____ _____
Financial Aid Signature Date