



Verification Request Form

Resident's Name: (Print clearly) _____

Room Number: _____

Daytime phone: _____

Reason for verification: _____

Please send this letter to the person or agency listed below:

Mr. or Ms. (Circle One) _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Please fax this letter to the person or agency listed below:

Mr. or Ms. (Circle One) _____

Company: _____ Fax Number: _____

I will pick up my letter in two business days.

***PLEASE NOTE THAT VERIFICATION REQUEST TAKES TWO BUSINESS DAYS TO BE COMPLETED.**

Resident's Signature: _____ **Date Letter Requested:** _____

The Towers Housing Office ♦ The City College of New York ♦ 401 W 130th Street New York, NY 10027
Phone 917-507-0070 ♦ Fax 917-507-0019 ♦ info@ccnytowers.com (E-mail)



All persons will be treated fairly and equally without regard to race, color, religion, sex, family status, disability, national origin, or source of income.