## The New York School for Medical and Dental Assistants

3-10 Queens Boulevard · Long Island City · New York 11101 · T 718.793.2330 · F 718.793.0619

## **Request for Student Verification Letter**

Students who are currently attending The New York School for Medical or Dental Assistants may be asked by a third party such as their employer, an agency or insurance company to provide verification that they are currently attending school.

The school will provide written verification at the student's request. In order to generate a *Student Verification Letter you* must submit this completed form in person to the school's Registrar's Office or by email to registrar@nysmda.com. The completed Verification Letter is customarily available for pick-up at the school's Main Desk within 24 hours of submitting The Request below.

First Name: please print			
Last Name: please print			
Program Attending	olease check program	Medical Assistant	Dental Assistant
Program Start Date:			
How many verification	on letters do you ne	ed?	