

REGISTRAR'S OFFICE

1735 Wahnish Way, C.A.S.S. Bldg., Rm #206 – Tallahassee, FL 32307
 Office: (850) 599-3115 Fax: (850) 561-2428 Email: registrardocs@famu.edu

ENROLLMENT / DEGREE VERIFICATION REQUEST FORM

INSTRUCTIONS

Please note the following:

1. This form is **void** until signed. No typed signature(s) will be processed.
2. If this request is to be mailed, please provide the **CORRECT** (Name of Person(s)/Institution and if mailed to an apartment, please include the apartment number.)
3. If this request is to be faxed, please provide the **CORRECT** (Name of Person(s)/Institution and/or fax number.)
4. Florida A&M University, Office of the University Registrar takes no responsibility for incorrect mailing, emailed or fax information provided by the requestor.

Please allow up to 3 business days for processing.

FAMU STUDENT ID NUMBER

↑ Put SS# if enrolled ↑
prior to Fall 2004

LAST NAME FIRST MI

Please check the appropriate boxes below & attach any documents needed for these person(s) and/or institution(s).

Verification of Degree All Dates of Attendance Current Term Enrollment Status Only Cumulative/Semester G.P.A. Status Included Good/Academic Standing Update Anticipated Date of Graduation Only Please specify term/yr. here ▶ / <small style="text-align: center;">Term / Year</small>	I Never Attended Florida A&M University Verification of Residency Proof (Home/ Mailing Address) Verification for Loan Deferment Verification for Military I.D. Renewal Complete Attached Form Only Please include my SS# / or Account# / or Student ID# Below: <div style="display: flex; justify-content: space-between; border-top: 1px solid black;"> </div>
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Other: _____

Other: _____

THIS VERIFICATION REQUEST WILL BE REPORTED IN ACCORDANCE WITH THE ACADEMIC RECORDS AS OF THE DATE PREPARED. I AUTHORIZE FLORIDA A&M UNIVERSITY TO RELEASE THE INFORMATION INDICATED ABOVE. THIS VERIFICATION REQUEST WILL BE FOR ONLY PICKED-UP, MAILED, EMAILED AND/OR FAXED DIRECTLY TO THE RECIPIENT(S) BELOW.

_____/_____/_____() - _____
Students Signature **Date** **Contact Phone Number**

I will pick up my verification letter.

Please email:

Please email:

Please mail request(s) to recipient(s) below:

Please fax request(s) to recipients below:

1 st Recipients Address:	<div style="border-bottom: 1px solid black; text-align: center;">Name</div> <div style="border-bottom: 1px solid black; text-align: center;">Address</div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"> City State Zip </div>
2 nd Recipients Address:	<div style="border-bottom: 1px solid black; text-align: center;">Name</div> <div style="border-bottom: 1px solid black; text-align: center;">Address</div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"> City State Zip </div>

1 st Recipients Fax:	<div style="border-bottom: 1px solid black; text-align: center;">Name</div> <div style="border-bottom: 1px solid black; text-align: center;">Department</div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"> () - Fax # </div>
2 nd Recipients Fax:	<div style="border-bottom: 1px solid black; text-align: center;">Name</div> <div style="border-bottom: 1px solid black; text-align: center;">Department</div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"> () - Fax # </div>

For Office Use Only: Date mailed _____ Date faxed _____ Date for Picked up _____