

FLORIDA A&M UNIVERSITY

REGISTRAR'S OFFICE

1700 Lee Hall Drive, F.H.A.C, Rm #112 – Tallahassee, FL 32307-3200
 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.

Plases 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		I Never Attended Florida A&M University
All Dates of Attendance		Verification of Residency Proof (Home/ Mailing Address)
Current Term Enrollment Status Only		Verification for Loan Deferment
Cumulative/Semester G.P.A. Status Included		Verification for Military I.D. Renewal
Good/Academic Standing		Complete Attached Form Only
Update Anticipated Date of Graduation Only Please specify term/yr. here ▶		Term / Year

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:	Name
	Address
City State Zip	
2 nd Recipients Address:	Name
	Address
City State Zip	

1 st Recipients Fax:	Name
	Department
() - Fax #	
2 nd Recipients Fax:	Name
	Department
() - Fax #	

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