



College of Law Registrar's Office | 201 FAMU Law Lane | Orlando, Florida 32801

Office: (407) 254-3279/ 3287

Fax: (407) 254-3221

Email: law.registrar@famuedu

## ENROLLMENT / DEGREE VERIFICATION REQUEST FORM

INSTRUCTIONS	<p>Please note the following:</p> <ol style="list-style-type: none"> <li>1. If this request is to be mailed, please provide the <b>CORRECT</b> (Name of Person(s)/Institution); if mailed to an apartment, please include the apartment number.)</li> <li>2. If this request is to be faxed, please provide the <b>CORRECT</b> (Name of Person(s)/Institution and/or fax number.)</li> <li>3. Florida A&amp;M University, Office of the University Registrar takes no responsibility for incorrect mailing, email, or fax information provided by the requestor.</li> </ol> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">Please allow up to 3-5 business days for processing.</p>
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Term: \_\_\_\_\_ 20\_\_

Name: \_\_\_\_\_ FAMU Student ID: \_\_\_\_\_

Other name(s) while attending FAMU Law: \_\_\_\_\_

**Please check the appropriate boxes below:**

- |   |  |
|---|--|
| <input type="checkbox"/> Current Term Enrollment Status | <input type="checkbox"/> All Dates of Attendance |
| <input type="checkbox"/> Cumulative G.P.A. Status       | <input type="checkbox"/> Good Academic Standing  |
| <input type="checkbox"/> Anticipated Date of Graduation | <input type="checkbox"/> Other: _____            |

**THIS VERIFICATION REQUEST WILL BE REPORTED IN ACCORDANCE WITH THE ACADEMIC RECORDS AS OF THE DATE PREPARED. I AUTHORIZE FLORIDA A&M UNIVERSITY COLLEGE OF LAW 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.**

Student Signature	Date	Phone Number
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- I will **pick up** my verification letter. \* **Please wait for a phone call or email confirmation from Registrar's Office.**
- |  |   |
|--|---|
| <input type="checkbox"/> Please email: _____                           | <input type="checkbox"/> Please email: _____                          |
| <input type="checkbox"/> Please email: _____                           | <input type="checkbox"/> Please email: _____                          |
| <input type="checkbox"/> Please email: _____                           | <input type="checkbox"/> Please email: _____                          |
| <input type="checkbox"/> Please MAIL request(s) to recipient(s) below: | <input type="checkbox"/> Please FAX request(s) to recipient(s) below: |

**1<sup>st</sup> Recipient:** \_\_\_\_\_  
Name

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**1<sup>st</sup> Recipient:** \_\_\_\_\_  
Name

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**2<sup>nd</sup> Recipient:** \_\_\_\_\_  
Name

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**2<sup>nd</sup> Recipient:** \_\_\_\_\_  
Name

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**3<sup>rd</sup> Recipient:** \_\_\_\_\_  
Name

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**3<sup>rd</sup> Recipient:** \_\_\_\_\_  
Name

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**For Office Use:**  Emailed \_\_\_/\_\_\_/\_\_\_  Mailed \_\_\_/\_\_\_/\_\_\_  Faxed \_\_\_/\_\_\_/\_\_\_  Picked up \_\_\_/\_\_\_/\_\_\_

**Processed by:** \_\_\_\_\_