



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

Office: (407) 254-3279/ 3287

Fax: (407) 254-3221

Email: RegistrarCOL@famu.edu

ENROLLMENT / DEGREE VERIFICATION REQUEST FORM

INSTRUCTIONS	<p>Please note the following:</p> <ol style="list-style-type: none"> 1. If this request is to be mailed, please provide the CORRECT (Name of Person(s)/Institution); if mailed to an apartment, please include the apartment number.) 2. If this request is to be faxed, please provide the CORRECT (Name of Person(s)/Institution and/or fax number.) 3. Florida A&M University, Office of the University Registrar takes no responsibility for incorrect mailing, email, or fax information provided by the requestor. <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: |

1st Recipient: _____
Name

Address _____

City _____ State _____ Zip Code _____

1st Recipient: _____
Name

Address _____

City _____ State _____ Zip Code _____

2nd Recipient: _____
Name

Address _____

City _____ State _____ Zip Code _____

2nd Recipient: _____
Name

Address _____

City _____ State _____ Zip Code _____

3rd Recipient: _____
Name

Address _____

City _____ State _____ Zip Code _____

3rd Recipient: _____
Name

Address _____

City _____ State _____ Zip Code _____

For Office Use: Emailed ___ / ___ / ___ Mailed ___ / ___ / ___ Faxed ___ / ___ / ___ Picked up ___ / ___ / ___

Processed by: _____