



# FLORIDA AGRICULTURAL AND MECHANICAL UNIVERSITY

College of Law Registrar's Office

201 Beggs Avenue

Orlando, FL 323801

Office: (407) 254-3279 Fax: (407) 254 -3221 Email: [COLRegistrar@famu.edu](mailto:COLRegistrar@famu.edu)

## ENROLLMENT / DEGREE VERIFICATION REQUEST FORM

INSTRUCTIONS

Please note the following: **THIS FORM CANNOT BE ELECTRONICALLY SUBMITTED.**

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 or faxing information provided by the requestor.

**Plases allow up to 3-5 business days for processing.**

TERM: \_\_\_\_\_ 20 \_\_\_\_\_

LAST NAME	FIRST	MI	FAMU STUDENT ID NUMBER
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↑ Put SS# if enrolled ↑  
prior to Fall 2004

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

Other: \_\_\_\_\_

**THIS VERIFICATION 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 WILL BE MAILED AND/OR FAXED DIRECTLY TO THE RECIPIENTS BELOW.**

	/ /	( ) -
Students Signature	Date	Contact Phone Number

I will pick up my verification letter.

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

Please fax request(s) to recipients below:

1 <sup>st</sup> Recipients	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Address:</td> <td style="border-bottom: 1px solid black;">Name</td> </tr> <tr> <td></td> <td style="border-bottom: 1px solid black;">Address</td> </tr> <tr> <td></td> <td style="border-bottom: 1px solid black;">City State Zip</td> </tr> </table>	Address:	Name		Address		City State Zip
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2 <sup>nd</sup> Recipients	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Address:</td> <td style="border-bottom: 1px solid black;">Name</td> </tr> <tr> <td></td> <td style="border-bottom: 1px solid black;">Address</td> </tr> <tr> <td></td> <td style="border-bottom: 1px solid black;">City State Zip</td> </tr> </table>	Address:	Name		Address		City State Zip
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	Department								
	( ) -								
	Fax #								

**For Office Use:**  Date mailed \_\_\_\_\_  Date faxed \_\_\_\_\_  Date for Picked up \_\_\_\_\_