

VALDOSTA STATE UNIVERSITY



VERIFICATION OF ENROLLMENT REQUEST

Name _____
Last First Middle/Maiden

Student ID Number _____ - _____ - _____

Are You Currently Enrolled At VSU? Yes No (We can only verify current and past enrollment-NO FUTURE ENROLLMENT.)

What is Your Anticipated Graduation Date (not required)? _____

What Is The Purpose Of This Verification? Circle One.

Insurance Loan Deferment Good Student Discount Other: _____

Address To Mail Verification Letter: _____
(Name of Person or Company Receiving Verification)

(Street Address)

(Street Address Cont'd)

(City, State, & Zip Code)

*(Company Account Number or Policy Number if applicable)

Note to Student: If you are providing the Registrar's Office with a verification form from your insurance company or your loan company, please attach completed form (with signatures if necessary) to this request. Please make sure you provide a complete address for mailing, including the person and/or business name. Also include account number and/or policy number.

Student's Signature _____ Date _____

Phone Number: _____ Email (if available) _____

***A Priority Fee Of \$5.00 Is Charged For Same Day Pickup. ***
There Will Be A \$10.00 Charge For All Faxed Letters