

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?

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 Signature

Date

Phone Number: _____ Email (if available) _____

