

FVSU
VERIFICATION OF ENROLLMENT FORM

Name: _____
Address: _____
City: _____

ID# : _____ / _____ / _____
Telephone() _____
State: _____ Zip: _____

Signature

Date

No. of copies

Verifications will only be addressed to an institution, company or agency for which they are needed.

Verifications will not be addressed to the students or a member of the student's family.

Are you currently enrolled? ___ Yes ___ No

Type of Document:

- Letter certifying current enrollment
- Letter certifying total enrollment at Fort Valley **State** University
- Letter certifying graduation
- Other (please specify):
- Expected Date of Graduation: _____

PLEASE ALLOW THREE TO FIVE WORKING DAYS FOR PROCESSING.

- I will pick up the letter in the Office of the Registrar.
- I request that the letter be mailed to the following address:
