VALDOSTA STATE UNIVERSITY

VERIFICATION OF ENROLLMENT REQUEST

Name_______________________________________________________________________________

                                           Last               First         Middle/Maiden

VSU Identification #______________________________

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? _________________________________

What Is The Purpose Of This Verification?  Circle One.

Insurance          Loan Deferment      Good Student Discount      Other: _________________________

Is This Verification For State Merit Insurance?   Yes    No

Address To Mail Verification Letter:  ___________________________________________________

                                                                                       
                                                                                       
                                                                                       
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 the form to this request. Please make
sure you provide a complete address for mailing, including the person or business name.

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***