

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