Office of the University Registrar
Dwight Hall 220
100 State Street
PO Box 9101
Framingham, MA 01701-9101
Email: registrarsoffice@framingham.edu
(T) 508-626-4545/(F) 508-626-4589

ENROLLMENT VERIFICATION REQUEST

Enrollment verifications will show your full-time or part-time enrollment status (present and past), your major & degree, your class standing, when you first matriculated as a degree-seeking student, your expected semester and year of completion, and your grades per semester along with your grade point average.

Please print clearly.

STUDENT'S NAME: _____

FSU ID#: _____ SSN *(last four digits only)*: _____

DOB *(mm/dd/yyyy)*: _____

Check option:

☐ **Please mail to address listed below**
or
☐ **Please fax to number listed below**
or
☐ **Will pick up** (allow for a minimum of five (5) business days during non-peak periods)

If for Health Insurance Company:

Insurance Company Name: _____

Policy Number: _____

Policy Holder's Name: _____

Address to which letter is to be mailed (Include Name of individual if available):

_____
_____
_____
_____

Phone number and name/office to which letter is to be faxed:

_____
_____
_____
_____

_____ _____
Student's Signature (***Required***) Date Submitted

****

Office Use Only: Status:_____
Major:_____
Class: _____
SemEnt: _____
ExpYOG: _____

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Request processed by: _____ Date: _____