



**FLORIDA
MEMORIAL
UNIVERSITY**

REQUEST FOR LETTER OF VERIFICATION / GOOD STANDING

Full Name Current Phone #

Current Address (Home)

City / State Zip Code

Residential Students Only: Dorm Room

SS # ***-**-**** Date of Birth
[Last Four]

Degree: BA BS BSW MS MBA Major

*****ENROLLMENT STATUS*****

Currently Enrolled? Yes No

If "No", Last Date of Attendance

Degree Anticipated (e.g. Bachelor of Arts)

Anticipated Graduation Date Graduation Year

Current Semester History (Previous Semesters)

I authorize the release of my Letter of Verification to be mailed to the following address:

Pickup Mail out Fax _____

FOR REGISTRAR'S OFFICE ONLY

Date received: _____ Processed by: _____ Date student notified: _____