



**FRAMINGHAM
STATE
UNIVERSITY**

Office of the University Registrar
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Framingham MA 01701-9101
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p. 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.

Student's Name:

FSU ID#:

DOB (mm/dd/yyyy):

SSN (last four digits only):

Check option:

If for Health Insurance Company:

Please **mail** to address listed below

Insurance Company Name:

Please **fax** to number listed below

Policy Number:

Please **email** to address below

Policy Holder's Name:

Will pick up (allow for a minimum of five [5] business days during non-peak periods)

Address to which letter is to be mailed (include Name of individual, if applicable):

Name/Office and email to which letter will be emailed:

Name/Office and number to which letter will be faxed:

Student's Signature (Required)

Date Submitted

Office Use Only

Status:

Class:

ExpYOG:

Major:

SemEnt:

Processed by:

Date: