



VIRGINIA STATE UNIVERSITY  
 Office of the Registrar  
 P.O. Box 9217  
 Virginia State University, VA 23806  
 (804) 524-5275/FAX (804)524-6758

## ENROLLMENT VERIFICATION

Processing time is 2-3 business days.  
 (Please Print Clearly)

Name: \_\_\_\_\_ Student V# \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

### I need to verify (check ALL that apply):

Enrollment for Current Term (**validated students**)  Registered for next semester

Expected graduation date (**current students only**)  Degree Earned

Enrollment history (**current students only**)  Include SSN#

Complete attached form

Group/Policy # of Insurance Plan, please provide Insurance name: \_\_\_\_\_

OTHER: (Please Specify) \_\_\_\_\_

**\*\*For all Licensure requests, contact Professional Education Programs, 2<sup>nd</sup> Floor Harris Hall, (804)524-5742\*\***

### Delivery Methods

Hold for pick up (Verifications may be picked up after 2 pm. Please allow 2-3 business days)

Fax to (\_\_\_\_\_) \_\_\_\_\_ Attn: \_\_\_\_\_

Mail: To \_\_\_\_\_

(Please Print Clearly)

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**ENROLLMENT VERIFICATIONS NOT PICKED UP WITHIN 10 BUSINESS DAYS WILL BE DISCARDED.**

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

<b>OFFICE USE ONLY</b>
Completed By: _____
Date Completed: _____