



Office of the Registrar  
 Alabama A&M University  
 PO Box 848  
 Normal, AL 35762  
 256-372-5254

# Enrollment Verification Request Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First MI Banner No. \_\_\_\_\_

Address: \_\_\_\_\_  
Route, POB, or Number/Street City State Zip

Day phone: \_\_\_\_\_

Semester to be verified: \_\_\_\_\_

Anticipated graduation semester: \_\_\_\_\_

Cumulative grade point average: \_\_\_\_\_

**Name and address or name and fax number where verification should be sent:**

---



---



---



---



---



---



---

Student Signature (REQUIRED): \_\_\_\_\_ Date: \_\_\_\_\_