



# FLORIDA AGRICULTURAL AND MECHANICAL UNIVERSITY

## Office of the University Registrar

103 Foote-Hilyer Administration Center Tallahassee, FL 32307-3200  
 Office: (850) 599-3115; Fax: (850) 412-7248; Email: [registrardocs@famu.edu](mailto:registrardocs@famu.edu)

### GROUP VERIFICATION FORM

ORGANIZATION OR DEPARTMENT NAME \_\_\_\_\_ REQUESTED TERM/SEMESTER \_\_\_\_\_

DIRECTOR, ADVISOR OR AUTHORIZED OFFICER \_\_\_\_\_ CONTACT NUMBER \_\_\_\_\_

*\*\*Not for student(s) being verified\*\**

EMAIL \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Note:** If this request is regarding Greek Organization(s), please forward this completed signed form to the **Director of Student Union and Activities**. All other departments, please forward this completed signed form to Registrar's office Room 103 FHAC or email to [registrardocs@famu.edu](mailto:registrardocs@famu.edu). Please allow 3-5 business days for processing.

			***Verification by Registrar Dept. Only***					
*Required*	*Required*	*Required*	REQUESTED TERM/SEMESTER ENROLLMENT STATUS					
LAST NAME	FIRST NAME / INT.	STUDENT ID	Y/N	Academic Classification	FULL / PT or LESS 1/2	Sem. G.P.A.	Cumm. G.P.A.	Total Earned Credit Hrs.
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								
16.								
17.								
18.								
19.								
20.								

**DO NOT WRITE BELOW THIS LINE:**

Name of Registrar Staff: \_\_\_\_\_ Title: \_\_\_\_\_

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