



FLAGLER COLLEGE

Letter of Enrollment Verification

Return to the Office of the Registrar

IN PERSON: 2nd floor, Ringhaver Student Center
MAIL TO: 74 King Street, St. Augustine, FL 32084
EMAIL: registrar@flagler.edu

Student Information

_____	_____	_____
full name	student ID	social security number
_____	_____	_____
date of birth	major	anticipated graduation date
_____	_____	
semester that needs verification		

Method of Delivery:

- Pick Up*
- Mail*
- Email*

Send Letter:

- Now*
- After Semester Begins*
- After Semester End*

Address to be mailed to:

Name: _____

Address: _____

City, State, Zip: _____

Email Address to be sent to:

Attn: _____

Email: _____

You will be required to present your Flagler College Student ID or a government-issued photo ID (ex. Driver's License) before a Letter of Enrollment Verification can be released to you. If someone other than yourself will be picking up your letter, you must authorize it in writing to the Office of the Registrar before it can be released to them.

_____	_____
student signature	date

FOR OFFICE USE ONLY

Original: Office of the Registrar - Permanent File