

# FAULKNER UNIVERSITY

## **Enrollment Verification Form**

Enrollment verification letter details the period of enrollment for a student currently attending Faulkner University. This letter is used for the following verification: car insurance, employment, health insurance and scholarships.

Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_

MAIL \_\_\_\_\_ or FAX \_\_\_\_\_

Mail or Fax to: \_\_\_\_\_

Attention: \_\_\_\_\_

Policy or Contract #: \_\_\_\_\_

Address: \_\_\_\_\_

City, ST, Zip: \_\_\_\_\_

FAX#: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Due to the high volume of request forms, please allow three (3) business days in order to process.  
Thank you for your cooperation.**

Registrar's Office  
Faulkner University  
5345 Atlanta Highway  
Montgomery, AL 36109  
334-386-7240 or 1-800-879-9816 ext. 7240  
334-386-7244 (FAX)  
[registrar@faulkner.edu](mailto:registrar@faulkner.edu)