JAMES MADISON UNIVERSITY

Office of the Registrar

170 Bluestone Drive, MSC 3528 • Harrisonburg, VA 22807 • (540) 568-6166 phone • (540)568-3499 fax • clientservices@jmu.edu

Letter Request

Full Name: _____
first **middle** **last** **(maiden)**

Indicate the information to be verified in the letter (enrollment status, degree, class rank, etc.):

_____

_____

Please provide the following:

Student ID #: _____

Date of Birth: _____

Phone #: _____

Email: _____

Number of copies: _____

Graduation date: _____

(Letters can only be faxed or mailed.)

Please send a letter to:

_____

_____

_____

_____

_____

Signature: _____ **Date:** _____

*****JMU can only verify enrollment for current and past semesters; **future enrollment cannot be verified.***