



# Bluefield State University

## VERIFICATION OF ENROLLMENT REQUEST FORM

Verification of enrollment letter for:

- FINANCIAL
- EMBASSY
- SOCIAL SECURITY LETTER
- DRIVER'S LICENSE LETTER (DMV)/STATE ID (NOT A SOCIAL SECURITY CARD)
- OTHER \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

Student Name: \_\_\_\_\_  
(Last Name, First Name)

BSU ID: \_\_\_\_\_

Student e-mail: \_\_\_\_\_@live.bluefieldstate.edu

- F-1       OPT       F-2 (Dependent)
- Male       Female      Date of Birth \_\_\_\_\_  
(MM/DD/YYYY)

LOCAL ADDRESS \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY

STATE

ZIP CODE