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# BREWTON-PARKER COLLEGE

REGISTRAR'S OFFICE

TEL: (912) 583-3241

FAX: (912) 583-4816

## ENROLLMENT VERIFICATION AUTHORIZATION FORM

Please release my academic information to: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

Social Security Number: XXX-XX-\_\_\_\_\_

If you would like this letter **mailed**, please include name and address:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, ST, ZIP: \_\_\_\_\_

If you would like this letter **emailed**, please include the recipient's email address:

EMAIL ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

Last Updated: 5/18/2021

*For administrative use only*  
*Request Received:* \_\_\_\_\_ *Letter mailed or emailed:* \_\_\_\_\_ *By:* \_\_\_\_\_