

Start Term: _____
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REGISTRAR'S OFFICE

TEL: (912) 583-3241

ENROLLMENT VERIFICATION AUTHORIZATION FORM

Please release my academic information to: _____

STUDENT NAME: _____

Social Security Number: XXX-XX-_____

Delivery Method Preference

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

NAME: _____

ADDRESS: _____

CITY, ST, ZIP: _____

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

EMAIL ADDRESS: _____

STUDENT SIGNATURE

DATE

Last Updated: 11/10/2025

<i>For administrative use only</i>		
<i>Request Received:</i> _____	<i>Letter mailed or emailed:</i> _____	<i>By:</i> _____