



Request for Enrollment Verification

- **Macon Campus**-100 University Parkway, Macon, GA 31206-5145
- **Cochran Campus**- 1100 Second Street, S.E., Cochran, GA 31014

SECTION A: STUDENT'S INFORMATION AND REQUEST

NAME	STUDENT ID or SSN (For Office identification only)	HOME PHONE

ADDRESS:

Enrollment Verification Requested: Current Term or Enrollment History:

I authorize the release of my SSN to the recipient of this enrollment verification: Yes No

Student Signature: _____ Date: _____

SECTION B: ADDRESS WHERE THE VERIFICATION IS TO BE FORWARDED

Date Requested: _____ **Date Processed:** _____