



VERIFICATION OF ENROLLMENT

Registrar's Office
800 Georgia Southwestern State University Drive
Americus, GA 31709-4379
Phone: 229-928-1331 / Fax: 229-931-2021

gswID#: _____		Presently Enrolled?	YES	NO
_____	_____	_____	_____	_____
First Name	Middle Name	Last Name	First Enrollment Term	_____
_____			Last Enrollment Term	_____
Address _____				
_____			_____	_____
City, State, Zip		Telephone		

Period of enrollment to be included in letter: _____

Verification letter is to be: Picked Up Mailed Faxed

Send verification letter(s) to: (Please print clearly. Enter complete name and address.)

If verification is for insurance purposes, please provide name of policy holder.

Student's Signature: _____ Date: _____

Please allow 48 hours for verification to be processed

Mail completed form to:

Georgia Southwestern State University
Registrar's Office
800 Georgia Southwestern State University Drive
Americus, GA 31709-4379

FOR REGISTRAR'S OFFICE USE ONLY

Date Request Received: _____

Date Processed: _____