

Atlanta Metropolitan College ENROLLMENT VERIFICATION

Date: _____

Student Name: _____

AMC ID#: _____

The above student has indicated that he/she has a sibling/spouse attending your institution. Please verify that _____; social security number ____ - ____ - ____ is enrolled at your institution at least half time. You may return this form via fax at 404-756-4834.

If you have any questions, please contact us at 404-756-4002.

Note: Please stamp this form with official Registrar's seal or confirm enrollment on your school's official letterhead.

Sincerely,

Office of Financial Aid