

Office of the Registrar

## **Enrollment Verification Request**

Name								
AMSCID								
DOB								
Last four d	ligits of S	SSN						
S <u>emester(s)</u> to be verifie			d or Letter of Non Attendance			dance C		

Address for mailing verification (requests without an address will be available for pick up in the Student Services and Success Center)

Early Grade Letter Address for mailing		
Signature		
Date		
Telephone (404) 756-4001	AN EQUAL OPPORTUNITY/AFFIRMATIVE	Facsimile (404) 756-5686

ACTION INSTITUTION