

# Truett McConnell

## U N I V E R S I T Y

### REQUEST FOR ENROLLMENT VERIFICATION

*Completed request form may be faxed, mailed, or submitted in person to the Registrar's Office, located in the Miller Building. Please allow 3 business days for processing.*

#### **PLEASE PRINT**

Student ID Number \_\_\_\_\_ Name \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone Number \_\_\_\_\_

Is this verification letter for State of Georgia Health Benefits? ☐ Yes ☐ No

If your verification letter needs to contain other information in addition to enrollment, please list the additional information needed here:

\_\_\_\_\_  
\_\_\_\_\_

#### **CHOOSE ONE OF THE FOLLOWING OPTIONS**

- ☐ I would like my letter sent by email.

Provide the email address here: \_\_\_\_\_

- ☐ I would like my letter sent by FAX.

Provide the FAX number and the name of the person to whom it should be sent:

Fax Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ To: \_\_\_\_\_

- ☐ I would like my letter sent by U.S. Mail.

Provide the address to which it should be mailed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ☐ I would like to pick up my letter in person from the Registrar's Office.

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