

Savannah State University
Office of the Registrar
Enrollment Verification Request

DATE

PLEASE FILL OUT ALL INFORMATION. VERIFICATION LETTERS WILL TAKE AT LEAST TWO DAYS TO COMPLETE DUE TO THE LARGE AMOUNT OF REQUEST RECEIVED. PLEASE PRINT AS CLEARLY AS POSSIBLE. THANK YOU.

Name _____ SID _____

Local Address : _____

Phone Number: _____

Check Type of Work to be Done:

_____ Completion of Attached Form

_____ Letter Verifying Enrollment For _____
(Semester and Year)

_____ Include Anticipation Graduation Date _____

_____ Number of Copies of Letter

Other Information:

When Form/Letter is Completed:

_____ Will Pick Up

_____ Please Mail to:

_____ Address on Enclosed Form/Envelope

_____ Students Address as Shown Above

_____ The Following Address:

