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:

__________________________________________________________________________

__________________________________________________________________________