

ENROLLMENT VERIFICATION REQUEST



SAVANNAH
TECHNICAL COLLEGE

Date: _____

Student's Name: _____

Student ID Number: _____

Requesting information for:

Summer Qtr. _____ Fall Qtr. _____ Winter Qtr. _____ Spring Qtr. _____

Check here if expected date of completion should be included

Check here if additional information is attached

Check here if you will pick up verification

Check here if you would like this information faxed

Check here if you would like this information mailed

Mail To: _____

Fax To: _____

Comments: _____

Signature of Student: _____