# Georgia Tech Registrar's Office

# VERIFICATION REQUEST

## Section A: Student Information

Student Name: _____

Student ID: _____        Phone Number _____
*If SSN, last 4 digits ONLY*

Email Address _____        Birth date _____

Currently Enrolled        ☐ Yes        ☐ No        If no, confirm latest semester attended: _____  _____

Fall, Spring, Summer        Year

## Section B: Type of Verification

☐ Academic Standing

☐ Certification of Degree

☐ Degree Pending*

Please confirm graduate date is correct in OSCAR

☐ Overall GPA

☐ Pre-Registration Letter

☐ Rank

☐ Transient Letter

☐ Enrollment Verification

_____ Number of Copies

☐ Check here to pick up verification in person (PHOTO ID REQUIRED)

☐ Check here to receive verification by email

OR

Mailing Address or Fax _____

_____

_____

Special Instructions _____

_____

Student Signature _____        Date: _____

## FOR REGISTRAR'S OFFICE USE ONLY

Received by _____        Date: _____