Georgia Tech Registrar's Office

VERIFICATION REQUEST

Section A: Student Information

Student Name: _____

Student ID: _____   Phone Number: _____

Email Address: _____   Birth date: _____

Currently Enrolled   ☐ Yes   ☐ No

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: _____