

TOUGALOO COLLEGE REQUEST FOR LETTER OF VERIFICATION/ GOOD STANDING

****PROCESSING TIME: THREE TO FIVE (3-5) BUSINESS DAYS****
****PLEASE PRINT****

_____/_____
FULL NAME SOCIAL SECURITY #

_____/_____/_____
CURRENT ADDRESS CITY STATE ZIP

_____/_____
CURRENT PHONE# TODAY'S DATE

AUTHORIZE THE RELEASE OF MY LETTER OF VERIFICATION TO:
SCHOOL OR AGENCY AT THE ADDRESS BELOW:

_____/_____
SCHOOL OR AGENCY NAME MAILING ADDRESS

_____/_____/_____
CITY STATE ZIP

1. FAX TO SCHOOL OR AGENCY AT THE NUMBER BELOW:

ATTENTION: _____ FAX#: _____

ENROLLMENT STATUS:

_____ I am currently enrolled. _____ Full Time _____ Part Time

_____ I graduated _____.

_____ I did not graduate. My last year of attendance was _____.

If this form is being used for Insurance Purposes. Please provide the following information:

Policy Holder _____ *Policy Number* _____

Group Number _____

STUDENT'S SIGNATURE _____

(REQUIRED)

****OFFICE USE ONLY****

FORM PROCESSED BY:

MS. KATINA HARRISON

ASSISTANT REGISTRAR

DATE MAILED/FAXED _____

OFFICE OF RECORDS