

Southern Polytechnic State University

Verification request form

Full Name: _____

SSN _____

Today's Date _____

Please check the type of verification letter you are requesting. If not listed please indicate in the space listed as "Other" type request.
Attach any additional forms to this request.

___ Full-time/Part-Time — Fall, Spring, Summer (circle one)

___ Continuous enrollment history (includes all semesters)

___ Requirements completed for graduation (indicate semester)

___ Degree confirmation letter

___ Other

Pick-Up (YES or NO)
Circle one

Mail: (Yes or No)
circle one

Mail to: _____

Signature: _____