

VERIFICATION OF ENROLLMENT FORM



OFFICE OF THE REGISTRAR
 POST OFFICE BOX 8104 ✦ 300 COLLEGE STREET, NORTHEAST
 ORANGEBURG, SC 29117-0001 ✦ (803) 536-7185 ✦ FAX: (803) 536-8602

INSTRUCTIONS: Please complete the appropriate block(s) and provide requested material for documenting your request. Return this form to the Registrar's Office.

Please Print Clearly:

Social Security Number	Name (Last, First, M.I.)	E-Mail Address
------------------------	--------------------------	----------------

(If Changed) Please provide the following to updated in the Student Information System:

Permanent Address			Local Address		
Street	State	Zip	Street	State	Zip
City	State	Zip	City	State	Zip
Phone			Phone		

Anticipated Graduation Date: _____ **Please indicate what enrollment Period is needed:**

Semester Fall Spring Summer Year: _____
 School Year : _____ Complete Enrollment History(indicate terms): _____ through _____

Do you want to include your GPA on the verification? Yes No If yes, please note that only the Cumulative GPA is considered official.

How will the verification be delivered? Pick Up (picture I.D. required) Mailed (give address below)

If this verification is for an insurance company, please provide the following:

Policy Holder Name: _____

Policy Number: _____

Name and Address to receive the Enrollment Verification:

I authorize South Carolina State University to Verify All information contained in my academic record and hereby release South Carolina State University and its employees from any liability for issuing this information.

Student's Signature _____ **Date** _____

FOR OFFICE USE ONLY

Date Verification Processed _____ **By** _____