



# SPELMAN COLLEGE VERIFICATION REQUEST

Office of the Registrar, 350 Spelman Lane, SW, Atlanta, GA 30314  
Phone 404.270.5230 - Fax 404.270.5234

**INSTRUCTIONS:** If you need verification please fill out this form and return it to the Registrar's Office. **Please allow 5-7 business days for processing during peak times.**

Full Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student I.D. #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Signature: \_\_\_\_\_

I need verification for the following purpose:

- Insurance  Scholarships  Loans  Education  Other \_\_\_\_\_

I need to verify *(Please check all that apply)*:

Status: Full-time or Part-time

Enrollment (Current Semester)

Enrollment Complete History

Number of Credit Hours

Good Standing

Grade Point Average (GPA)

Anticipated Graduation Date

Actual Graduation Date

Degree Attained

Major/ Minor

Other \_\_\_\_\_

Hold for Pick Up

Prepare and Mail

Prepare and Fax

MAIL /FAX TO:

Attn.: \_\_\_\_\_

Address: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Fax Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_