

Enrollment Verification & Authorization to Release Information

Student Full Legal Name (Please Print):	
Preferred Phone Number:	
Germanna Student ID Number:	
Current Term (Fall, Spring, or Summer):	
Current Year:	
I hereby give consent to Germanna Commu Company/Organization/Person listed below release of information. It does not grant per this request. If you would like for a specific p beyond this request, you must submit a FER	manent access to your records beyond berson to have access to your records
Please check the box next to the delivery me	ethod you prefer:
I would like to pick up the letter from t	thecampus.
I can be notified that my verification i	is ready for pick up at this phone number:
I understo	ınd that I will need to show my photo ID to
the Welcome Center in order to pick	up my verification.
I would like to have someone else pic	k up my verification letter.
Their name is	and their phone number
is I unders	stand that they will need to show their
photo ID to the Welcome Center in or	der to pick up my verification.
I would like the letter to be faxed to th	nis number:
I would like the letter to be emailed to	the address listed below:
I would like the letter mailed to mysel	f or a third party.
Recipient's Name:	
Address:	
City, State, Zip Code:	

Semester(s) for which the verification is being requested:	
Current semester	
Previous semester(s), Term(s) AND Year(s)	
Enrollment verifications include current program(s) of study, earned degrees, full/part-time status, dates of attendance, and number of credits. If additional information is needed, check the box next to the appropriate section(s) below.	
Include GPA	
Include anticipated graduation date	
This request is for a MyCAA scholarship	
Student's Name (Please Print):	
Student's Signature:	
Date:	
Office Use Only	
Person who processed verification:	
Date processed:	