



**Registrar's Office**  
**Fax [912] 583-4816**

VERIFICATION LETTER AUTHORIZATION FOR ENROLLMENT FORM

Please release my academic information for insurance purposes.

NAME \_\_\_\_\_

Social Security Number XXX-XX-\_\_\_\_\_

DATE \_\_\_\_\_

If you would like this letter mailed, please include name and address:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, ST, ZIP \_\_\_\_\_