

Start Term: _____
Scanned & Saved: _____



BREWTON-PARKER COLLEGE

REGISTRAR'S OFFICE

TEL: (912) 583-3241

FAX: (912) 583-4816

ENROLLMENT VERIFICATION AUTHORIZATION FORM

Please release my academic information to: _____

STUDENT NAME: _____

Social Security Number: XXX-XX-_____

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

NAME: _____

ADDRESS: _____

CITY, ST, ZIP: _____

If you would like this letter **emailed**, please include the recipient's email address:

EMAIL ADDRESS: _____

STUDENT SIGNATURE

DATE

Last Updated: 5/18/2021

For administrative use only
Request Received: _____ *Letter mailed or emailed:* _____ *By:* _____