

Completed form may be returned to the Registrar's Office or faxed to 770.531.6328.



www.laniertech.edu

ENROLLMENT VERIFICATION REQUEST

✓ Oakwood ✓ Forsyth ✓ Jackson ✓ Winder-Barrow ✓ Dawson

Date: _____ Student ID Number: _____

Name: _____
(First) (Middle) (Last)

Phone Number: _____

Issue Enrollment Verification to:
(List Name of Company and Full Address)

Distribution Instructions:

Mail Document
 Fax Document to _____
(FAX Telephone Number)
 I Will Pick Up Document at ✓ Oakwood Campus
 ✓ Forsyth Campus
 ✓ Jackson Campus
 ✓ Winder-Barrow Campus
 ✓ Dawson Campus

ENROLLMENT VERIFICATIONS ARE PROCESSED EACH TUESDAY AND THURSDAY. DUE TO THE CONFIDENTIAL INFORMATION INCLUDED ON ENROLLMENT VERIFICATIONS, THE STUDENT SIGNATURE IS REQUIRED.

Student Signature: _____ **Date:** _____

OFFICE USE ONLY

Date Received ____/____/____ Date Processed ____/____/____

Left at Oakwood Reception Desk Sent to Campus Checked Above Mailed Faxed