Completed form may be returned to the front desk of any LTC campus, faxed to 678.989.3183, or emailed to registrar@laniertech.edu.



## **ENROLLMENT VERIFICATION REQUEST**

Enrollment Verifications cannot be processed until after the payment deadline each semester.

Date:	Name: (First)			
				(Last)
Student ID:	Phone Number:	()		
	to: (List Name of Company or Con		ress. <i>If the Company</i>	is a <u>Loan Provider</u> , be sure
to complete and attach the Lo	oan Deferment form from the lender	's website.)		
Please print clearly_				
<del></del>				
Distribution Instructions:				
<del></del>	nt to Address Listed Above			
	ent to			-
Fax Document	to()			
I Will Pick Up [	Document at			
	(Campus Location N	lame)		
**NOTICE** ENROLLMENT \	/ERIFICATIONS ARE PROCESSED EAC	CH TUESDAY AND	THURSDAY. DUE TO	THE CONFIDENTIAL
INFORMATION INCLUDED ON	N ENROLLMENT VERIFICATIONS, TH	E STUDENT SIGN	ATURE IS REQUIRED.	
Charles Cianatana		D-4		
Student Signature:		Dat	e:	
	OFFICE L	JSE ONLY		
			55	
Date Received//			Date Proce	essed/
Sent t	o Campus Specified Above	Mailed	Faxed	Emailed

**Equal Opportunity Institution** 

For more information about out graduation rates, the median debt of students who completed the programs, and other important information, please visit our website at http://www.laniertech.edu/GE.aspx