

## **VERIFICATION LETTER REQUEST FORM**

Your active enrollment will not be verified until you have made payment arrangements. Please allow 5 business days to process this request.

Please print clearly:				
Name:				
	First Name		Middle Name	
Name at the time of enrollment ( <u>if different</u> from above):				
Last <u>four</u> digits of Social Security#:	Date of Birth: Month/Day/Year			
Phone#: Email:				
Address:				
Street	City	State	Zip Code	
<b>Division</b> (please select): Career/Technical Apprentic	eship ESL/CRI	ESL		
Program Name:				
Year(s) that you attended: Stud	dent ID# (Optional):	·		
Varification Type:				
<u>Verification Type:</u> ☐ Enrollment Verification ☐ Letter of Nor	n-Enrollment	□ Attached	Third Party Form	
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Delivery Method (please select):				
Address above Address below				
I will pick-up at the Welcome desk* (email sent when ready	for pick up)			
Email				
Name and/or Institution				
Street	City	State	Zip Code	
By signing below, I authorize Emily Griffith Technical Colle	ege to release my	enrollment inforr	mation by the	
delivery method indicated above.				
Signature:	D	ate:		

\*You will be required to present your student ID card when picking up documents from the welcome desk. If sending a third party to pick up on your behalf, please submit an Authorization for Release of Records form (available at the Welcome Desk, through the <u>link</u>, or on our Student Records page) prior to their arrival.