GERMANNA
COMMUNITY COLLEGE

ENROLLMENT VERIFICATION & AUTHORIZATION TO RELEASE INFORMATION

Student Full Legal Name (Please Print) First Name / Middle Initial / Last Name	Preferred Phone Number	

Germanna Student ID Number	Current Term (Please Check)	Current Year
	Fall Spring Summer	20____

I hereby give consent to Germanna Community College to release information to the Company/Organization/Person listed below. This form is authorizing a one-time release of information. It does not grant permanent access to your records beyond this request. If you would like for a specific person to have access to your records beyond this request, you may sign a FERPA Release Form granting this permission.

PLEASE CHECK ONE:

Check if you would like to pick up the letter. You will receive a phone call when your request is ready please bring a picture I.D. with you. Please note: If you would like to have someone else pick up the form please indicate their name and phone number: _____

Please indicate the campus which you would like to pick up the verification: _____

Check if you would like the letter to be faxed or emailed. Fax/Email: _____

Check if you would like the letter to be mailed to you or a third party requesting information (if applicable): _____
Company/Organization/Person

_____
Name

_____
Address

_____
City, State, Zip Code

Enrollment verifications already include full/part-time status, dates of attendance, and amount of credits. If requesting the graduation date and/or previous semesters a date and the terms must be indicated by the student in order to process the request. If requesting additional information, please check the appropriate box below:

GPA   Anticipated Graduation Date _____/_____
                                                              MM   YYYY

Please check which semesters you are requesting verification for:

Current Semester   Previous semester(s), please include term(s) & year(s) _____

If you are requesting an Enrollment Verification for a MyCAA scholarship please check this box

Student Signature: _____   Date: _____

FOR OFFICE USE ONLY:

Processed by: _____Date Sent: _____