



SPELMAN COLLEGE VERIFICATION REQUEST

Office of the Registrar, 350 Spelman Lane, SW, Atlanta, GA 30314
Phone/ 404.270.5230 - Fax/ 404.270.5234

INSTRUCTIONS: If you need verification please fill out this form and return it to the Registrar's Office. **Please remember to allow 5-7 Business days for processing.**

Full Name: _____ Date: ____/____/____

Student I.D. #: _____ - _____ - _____ Signature: _____

I need verification for the following purpose:

Insurance, Scholarships, Loans, Education, Other _____

I need to verify *(Please check all that apply):*

Status: Full-time or Part-time

Enrollment (Current Semester)

Enrollment Complete History

Number of Credit Hours

Good Standing

Grade Point Average (GPA)

Anticipated Graduation Date

Actual Graduation Date

Degree Attained

Major/ Minor

Other _____

Hold for Pick Up

Prepare and Mail

Prepare and Fax

MAIL /FAX TO:

Attn.: _____

Address: _____

City _____ State _____ Zip _____

Fax Number: (_____) _____ - _____