

# Georgia College & State University

## Request for Enrollment Verification

Name  Date:

GCID #   Mail  Pickup

Local Phone #  Email Address

**NOTE: GCSU certifies for current and past terms only.** Requests will be processed for paid registrations after the drop/add period.

Mail to:  Fax to:

Address  Attn:

City  State  Zip Code

- Type of Certification Requested  Standard Certification for health insurance, dental insurance, loan deferment, etc.
- Good Student Discount (shows GPA)--**requires signature of student**

Comments:

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Student's Signature:

Date