



GEORGIA PIEDMONT
TECHNICAL COLLEGE

APPLICATION VERIFICATION REQUEST

Complete all information. Fill out an additional request if a second copy is to be sent to another address. Allow 5 business days to pick up a copy of the request. No requests will be furnished to any student whose financial obligations to Georgia Piedmont Technical College have not been satisfied. Every attempt is made to properly mail requests, but the college does not assume responsibility for final delivery. Please allow 10-15 days for receipt by the receiving institution.

First Name: _____ Middle Name: _____ Last Name: _____

Student ID or SS# _____ (No dashes or dots) Former Last Name (if any): _____

Street Address: _____ Apt. No.: _____

City: _____ State: _____ Zip code: _____

Phone #: _____ Email: _____

Enrollment Term: Fall Spring Summer Year: _____ Date Classes Begin: _____

Program of Study: _____ Type: Degree Diploma Certificate

I would like to: Pick up the verification. Have verification mailed to institution.

Please provide complete name and mailing address of receiving institution if to be mailed.

Name of Receiving Institution: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Student Authorization:

I acknowledge that entering my name on this form is the equivalent of my signature. By submitting it I authorize the Georgia Piedmont Technical College Admissions Office to process my request.

Student Name: _____ Date: _____

NOTE: Processing cannot be guaranteed unless forms are sent from GPTC student email accounts.

ADMISSIONS OFFICE USE ONLY: Verification Sent: ____/____/____ Initials: _____