



Office of Records & Registration
1480 Nashville Pike
Gallatin, TN 37066
v. 615-230-3466
f. 615-230-3645

Request for Enrollment Verification
Please allow 3 - 5 business days to complete this request.

Date: Student ID:
(Use Date of Birth if ID not known)

Name: Last First Middle

Phone Number: Area Code

Please indicate type of request below:

- Verification of Current Semester Enrollment
Verification of Enrollment History
Complete Attached Document
Request Letter of Good Standing

To who's attention should this request be addressed?

Please mail or fax to: (include name, address, state, zip code and/or fax number)

Three horizontal lines for address details

OR

I will pick up on

Student's Signature

For Office Use Only:

Processed by: Date: