



Request For Enrollment Verification

North Georgia Technical College
Office of the Registrar
PO Box 65, Clarkesville, GA 30523
Phone: 706-754-7768 Fax: 706-754-7777
Email: registrar@northgatech.edu

Please note: Anticipated completion dates will be set in accordance with the number of hours listed in the catalog for the program of study. Any information released before drop/add period is over will reflect pending status.

Name: _____ Former Last Name (if any): _____
Student ID or last 4 digits of Social Security #: _____ Date of Birth: _____
Present Address: _____
City: _____ State: _____ Zip Code: _____
Phone: (_____) _____ Email: _____

Enrollment Verification Letter:

1. Select enrollment period for verification: Fall Spring Summer Year: 20 _____

2. Select a delivery method for the requested Enrollment Verification letter:

Pick up* from an NGTC receptionist on the following campus: Blairsville Clarkesville Currahee

***The Registrar's Office will call when the form is ready to be picked up by the requesting student. Photo ID is required.**

Fax to: Name: _____ Fax #: _____

Email to: Name: _____ Email: _____

Mail to: Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

3. Indicate Special Requests (if any):

Letter of non-enrollment

Complete the attached form.

Special request for information on letter: _____

4. Student's Signature: _____ Date: _____

This form should only be used when enrollment information is not available on the Student Clearinghouse Website.

Office Use Only

Registrar's Office Representative

Date Received

As set forth in the student catalog, North Georgia Technical College does not discriminate on the basis of race, color, creed, national or ethnic origin, gender, religion, disability, age, political affiliation or belief, genetic information, disabled veteran, veteran status, or citizenship status (except in those special circumstances permitted or mandated by law). For complaints or information, contact Mike King, VP of Student Affairs (706- 754-7711, Title VI, IX, II), or Kay Morgan, special services contact (706-754-7828, Sec. 504/Title I/ADA) at 1500 HWY 197 N, Clarkesville, GA 30523.

This institution is an equal opportunity provider and employer. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. 9/14/16