



College of Continuing
and Professional Education

EDUCATION ENROLLMENT VERIFICATION REQUEST FORM

INSTRUCTIONS

REGISTRATION SERVICES • 3333 BUSBEE DRIVE, MD #3301 • KENNESAW, GA 30144

Phone: 470-578-6765 • Fax: 470-578-9085
Office Hours: M-Th 8am-8pm; F 8:00am-4:30pm

Step 1 . . . Print the form or type in the field boxes the required information.
Step 2 . . . Sign the form (Forms must bear original signatures) and fax to the number listed above, or email to:
cerecords@kennesaw.edu

Failure to complete this entire form may result in a delay in the issuance of your enrollment verification

Please note: This form is for student use only. Registration Services will accept faxed requests with the student's signature, but we **CAN NOT** accept requests by telephone. Federal law mandates that we have the request in writing and signed by the student before we release an official document. The request must include a maiden name or any former last name you may have used in the past.

Date: _____ Student ID: _____

Last Name: _____ Former Last Name: _____

First Name: _____ Middle Name/Initial: _____

Phone Number: _____ Email Address: _____

Current Address: _____

City, State, Zip Code: _____

SIGNATURE (Required): _____
(Due to the Family Rights and Privacy Act of 1974, your signature is required for the release of an official document. Without the student's signature, the education verification will not be processed.)

DELIVERY OPTIONS

- A. I prefer to **pick up** my education verification at the Registration Office of the College of Continuing and Professional Education.
- B. I prefer to have my education verification: **Mailed** or **Emailed** to me.
- C. **Mail** or **Email** or **Fax** education verification to a **third party**: (A separate form must be completed for each requested address mailing.)

Processed by: _____ Internal Use Only
Comments: _____ Date: _____