



MOREHOUSE COLLEGE

OFFICE OF RECORDS & REGISTRATION

830 Westview Drive, SW
Atlanta, GA 30314-3773

VERIFICATION RELEASE FORM

NOTE: Records & Registration cannot verify future enrollments.

First Name:	Middle Name:	Last Name:	Date:
Address:			Morehouse ID No.:
City:	State:	Zip Code:	Local Phone No.:
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Purpose of Verification:

____/ DEGREE ____/ ENROLLMENT ____/ EMPLOYMENT ____/ PROSPECTIVE EMPLOYMENT

____/ INSURANCE ____/ LOANS ____/ SCHOLARSHIP ____/
OTHER _____

TERM:

____/ FALL ____/ SPRING ____/ SUMMER _____ YEAR

Delivery Option: Please check preference. Please allow two to three business days to process.

___/ Pick Up

___/ Mail to the following address: _____

(Company)

(ATTN)

(Address)

(City, State, Zip)

___/ Fax to the number listed: _____

RELEASE OF INFORMATION

I hereby give my consent for Morehouse College to release the information requested for purposes of verification.

SIGNATURE OF STUDENT	DATE	PROCESSED BY
		DATE