OFFICE OF RECORDS & REGISTRATION
830 Westview Drive, SW
Atlanta, GA 30314-3773

VERIFICATION RELEASE FORM

NOTE: Records & Registration cannot verify future enrollments.

<table>
<thead>
<tr>
<th>First Name:</th>
<th>Middle Name:</th>
<th>Last Name:</th>
<th>Date:</th>
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<table>
<thead>
<tr>
<th>Address:</th>
<th>Morehouse ID No.:</th>
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<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>Zip Code:</th>
<th>Local Phone No.:</th>
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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.

<table>
<thead>
<tr>
<th>SIGNATURE OF STUDENT</th>
<th>DATE</th>
<th>PROCESSED BY</th>
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|                      |      | DATE         |
|                      |      |              |