

# REQUEST FOR CERTIFICATION OF ENROLLMENT

When completed, please fax or mail to:

University of West Georgia  
Attn: Registrar's Office  
1601 Maple Street  
Carrollton, GA 30118

Fax number: (678) 839-6439

**Print clearly and complete all information below, or your request cannot be processed.**

Student Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Student Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Term Admitted to UWG: \_\_\_\_\_

Anticipated Date of Graduation: \_\_\_\_\_

Recipient Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*\* Additional forms must be attached by the requesting party.*

Student signature \_\_\_\_\_ Date \_\_\_\_\_

**Processing time is five (5) business days after receipt of this request**