



1701 North State Street, Campus Box 150436  
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Web: [www.millsaps.edu/records](http://www.millsaps.edu/records)  
Email: [records@millsaps.edu](mailto:records@millsaps.edu)  
Office: Academic Complex, Room 142  
Phone: 601-974-1120  
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**REQUEST FOR ENROLLMENT/EDUCATION VERIFICATION**

Please print full name on Millsaps College Record \_\_\_\_\_

Today's Date \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ Are you currently enrolled? Y or N

If no, provide last semester attended \_\_\_\_\_ or graduation date \_\_\_\_\_

Address where it should be sent to:

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

This enrollment verification is being sent under the provisions of the Family Educational Rights and Privacy Act of 1974. The following information is automatically included in the verification letter:

- Your name
- SSN
- DOB
- Terms Enrolled
  - Start Date and End Date of those terms
  - Whether you were an undergraduate or graduate during those terms
  - How many credits you attempted during the term and whether you were fulltime
  - How many credits you completed during the term
- Degree and Major
- Degree Date/Anticipated Completion Date
- Registrar Signature

If you would like additional information to be included such as your academic standing or GPA, please indicate what else needs to be included:

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

Student Signature: \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>
Date received _____
Date processed _____
Initial _____