



1701 North State Street, Campus Box 150436
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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: _____

FOR OFFICE USE ONLY
Date received _____
Date processed _____
Initial _____