



Enrollment Verification Request

Registrar's Office

1435 N. Glenstone Ave.
Springfield, MO 65802
Phone (417) 268-1025, Fax (417) 268-1030
records@agts.edu

I, _____, need a letter of enrollment
first middle last

verification sent to the following:

Full Name _____

Address _____

To the Attention of: _____

Please include the following pertinent information in the letter:

Please mark one of the below:

- Please mail the letter to the above address.
- I will pick up the letter on _____.
- Please place the letter in my student mailbox.

Please complete and sign before submitting to the Registrar's Office for processing.

Student's signature _____

Date _____

Registrar's Office Use Only:

Processed by _____ Date _____