



# ENROLLMENT VERIFICATION

**Return form to:** Records Office  
Assemblies of God Theological Seminary  
1435 N Glenstone Ave, Springfield, MO 65802  
[records@agts.edu](mailto:records@agts.edu) or fax to (417) 268-1030

Send enrollment verification for \_\_\_\_\_ to  
*First Middle Last*

Company/Organization \_\_\_\_\_

Address \_\_\_\_\_  
*Street/Box City State Zip*

To the attention of \_\_\_\_\_

Please include the following information in the letter

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

Please choose one of the following

- Mail letter to above address
- I will pick up letter on \_\_\_\_\_
- Place letter in my student mailbox

**Complete form, sign, and return to Records Office for processing**

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

Processed by \_\_\_\_\_

Date \_\_\_\_\_