



Office of the Registrar

1704 S. Slappey Blvd
Albany, Georgia 31701
Office (229) 430-5281 Fax (229) 430-6180
Email: Registrar@albanytech.edu

Request for Registrar's Office Letter

Name: _____ **ATC ID# or SS#:** _____

Address: _____ **Phone:** _____

City/State/Zip _____ **Date of Birth:** _____

Choose below:

- I am requesting a letter from the Albany Technical College Registrar's Office stating I am in good academic standing and I am eligible to return to Albany Technical College in the future.
- I am requesting an Enrollment Verification letter stating that I am no longer enrolled in Albany Technical College.
- I am giving written authorization for someone to pick-up my letter on my behalf. *Please provide the name & number of the person in the space below. (He/She will be asked to provide a picture ID)*
- Other Letter Requested: Please state nature of letter below

Signature: _____ **Date:** _____

Choose Delivery Method:

- I will Pick-up this letter from the Registrar's office
- Please mail this letter directly to me at the address listed above
- Please Mail or Fax Letter to :

Name of School/ Organization: _____
 Attention To: _____
 Address: _____
 Phone / Fax # (if applicable) _____

OFFICE USE ONLY:

Date Received: _____ Completed on: _____ Completed By: _____