



Office of the Registrar

1704 S. Slappey Blvd
Albany, Georgia 31701
Office (229) 430-3510 Fax (229) 461-4151
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 / EMAIL/Fax # (if applicable) _____

OFFICE USE ONLY:

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