

Lacy Bailey 229-931-2755
Jasmine Mercer 229-931-2693
Kelly Everett 229-931-2351
Danyel Tobias 229-271-4043

2022-2023 Custom Verification – Tracking Group V4

(Must also complete the **Statement of Purpose**)

Section A: Student Information:				
Last Name	First Name	M.I	I.D. Number/Social Security Number	
Street Address			Date of Birth	
			()	
City	State	Zip Code	Phone Number (with area code)	
Section B: Certification and Signature				
	•		it is complete and correct. Warning: If you you may be fined, be sentenced to jail, or both.	
Student's Signature			Parent's Signature (If Applicable)	
Today's Date			Today's Date	
For Office Hea	Orali			
For Office Use	Only:			
High School Co	ompletion Status:			
SGTC has one of	of the following docu	ments to indicate the student	's high school completion status	
☐ A copy	of the student's office	cial high school transcript		
A copy	of the student's office	cial General Education Devel	onment (GED) transcript	