

Lacy Bailey 229-931-2755
Jasmine Mercer 229-931-2693
Kelly Everett 229-931-2351
Danyel Tobias 229-271-4070

2023-2024 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			
Each person signing this form certifies that all the information on it is complete and correct. Warning: If you			
purposely gi	ve false or misleading info	ormation on this worksheet,	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 Use Only:			
High School Completion Status:			
SGTC has or	ne of the following docum	nents to indicate the student	's high school completion status
A copy of the student's official high school transcript			
A copy of the student's official General Education Development (GED) transcript			