



A Unit of the Technical College  
System of Georgia

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## **CERTIFICATION REQUEST**

**Processing Time: One Business Day**

Please select the type of certification you require:

- Enrollment**     **Registration**     **GPA**  
 **Acceptance**     **COMPASS/ASSET Scores**

**PLEASE PRINT:**

**Date:** \_\_\_\_\_

**SSN/Student ID Number:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Phone Numbers: Home:** \_\_\_\_\_ **Other:** \_\_\_\_\_

Please select one of the following options:

- Please email to my SmartWeb Account**  
 **Please email to the below email address.**

**Email:** \_\_\_\_\_

- Please fax to the below number.**

**Fax Number:** \_\_\_\_\_

**Attention:** \_\_\_\_\_

- I will pick up.**

\_\_\_\_\_  
*SIGNATURE*

**FOR OFFICE USE ONLY**

\_\_\_\_\_  
*Received*

\_\_\_\_\_  
*Processed*