

**Southern Scholarship Foundation
Enrollment Certification Release**



Please circle the school you will be attending:

FAMU FGCU FSU SFCC UF TCC

Please print the following neatly.

FULL STUDENT NAME: _____

SOCIAL SECURITY #: _____

STUDENT ID: _____

As a scholarship house resident and a student at the above designated school, I give the school permission to release the following information to Southern Scholarship Foundation:

1. Classification (Freshman, Sophomore, etc.)
2. Major
3. Enrollment status for the semester requested
4. Number of credit hours registered for
5. Semester GPA
6. Cumulative hours
7. Cumulative GPA
8. Financial aid awards package
9. Affiliation with student organizations, including fraternities/sororities

Please forward the requested information to:

New Resident Packet
Southern Scholarship Foundation
322 Stadium Dr.
Tallahassee, FL 32304

Signature

Date