

Certificate of Authenticity

Please complete the following information so that your documents may be correctly matched with your application packet.

Full Legal Name: _____

Social Security Number: _____ Date of Birth: _____



Certification by Student Applicant

*This supplement must be submitted to the Dalton State College Office of Enrollment Services by the deadline for the term for which you are applying for admission. The information in this supplement will be used in addition to your application for admission and SAT or ACT scores to evaluate your high school credentials for admissions purposes. You may be required to visit the Office of Admissions for an interview with an admissions representative to complete the application process. **Your signature on this supplement certifies that the information you have provided is an accurate and factual documentation of your high school curriculum.***

Signature: _____ Date: _____

Certification by Primary Teacher/Counselor of Student Applicant

As the primary teacher/ counselor for this student, your signature on this supplement certifies that the information you have provided is an accurate and factual documentation of this students' high school curriculum under your instruction.

Signature: _____ Date: _____

Relationship to student: _____

Return all documentation to:

Dalton State College
Office of Enrollment Services
Attention: Dr. Angela Harris, Director of Admissions
213 North College Drive
Dalton, GA 30720
706-272-4436
800-829-4436
Fax 706-272-2530
email: aharris@em.daltonstate.edu