

HAMPTON UNIVERSITY
OFFICE OF THE REGISTRAR
HAMPTON, VA 23668
(757)727-5324 /FAX (757)727-5095
VERIFICATION REQUEST FORM

Name: _____
(PLEASE PRINT) Last Name First Name Middle Initial

Student ID #: _____ Contact Number: _____

Do you receive VA Benefits? ___ Yes ___ No

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PLEASE CHECK THE APPROPRIATE VERIFICATION TYPE

- BASIC ENROLLMENT VERIFICATION**
Includes Full-time/Part-time status, credit hours, and dates attended (Current Semester Only)
- BASIC ENROLLMENT VERIFICATION with Schedule (For Scholarships and Insurance)**
Includes information from Basic Enrollment Verification and current schedule of classes
- DETAILED ENROLLMENT VERIFICATION**
Includes Full-time/Part-time status, anticipated graduation date, credit hours, and dates attended (Current Semester _____ or All Registered Semesters _____)
- OTHER (PLEASE SPECIFY):** _____
(ex. School Seal, GPA, Degree Verification, etc)

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DELIVERY INSTURCTIONS

Mail to:

Attention:

Name

Address

Address

City State Zip Code

Fax#: _____

Area Code and Number

Attention:

Name

Company

Students Signature: _____ *Date:* _____