

**HAMPTON UNIVERSITY
HAMPTON, VIRGINIA 23668**

VERIFICATION REQUEST FORM

Name _____

Local Address (Please include zip code) _____

Social Security Number _____

Send To:

Name _____

Street _____

City, State and Zip Code _____

Please Specify Semester(s) You Would Like Verified

* (A student is considered officially enrolled only after completion of the registration process at the beginning of each semester).

Verify Expected Date of Graduation (YES or NO)

Verify Degree and Date Awarded (YES or NO)

Student's Signature _____