HAMPTON U ONLINE
HAMPTON UNIVERSITY
OFFICE OF THE REGISTRAR
HAMPTON, VA 23668
(757)728-4829 /FAX (757)728-4175

VERIFICATION REQUEST FORM

Name: _____
Last Name *First Name* *Middle Initial*

Student ID #: _____ Contact Number: _____

Email address: _____
(An email will be sent to notify you when your request was completed)

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

_____

_____

Student's Signature: _____ *Date:* _____

Form will not be processed if student signature is not present. Signed form can be faxed, mailed or emailed.