



OFFICE OF THE REGISTRAR  
HAMPTON, VA 23668  
(757)727-5324

VERIFICATION REQUEST FORM

Name: \_\_\_\_\_  
*(PLEASE PRINT) 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

PLEASE CHECK THE APPROPRIATE VERIFICATION TYPE

- DETAILED ENROLLMENT VERIFICATION  
*Includes Full-time/Part-time status, anticipated graduation date, credit hours, and dates attended*
- OTHER *(PLEASE SPECIFY):* \_\_\_\_\_  
*(ex. School Seal, GPA, Degree Verification, Proof of Address, etc)*

DELIVERY INSTRUCTIONS

Email: \_\_\_\_\_

Pick up

Attention: \_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Company/Organization*

\_\_\_\_\_  
Email Address

Mail to:  
Attention: \_\_\_\_\_

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City State Zip Code*

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Form will not be processed if student signature is not present. Please allow 3-5 days for processing.