



OFFICE OF THE REGISTRAR
HAMPTON, VA 23668
verifications@hamptonu.edu
(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:* _____