



OFFICE OF THE REGISTRAR
HAMPTON, VA 23668
verifications@hamptonu.edu
(757)728-6101

VERIFICATION REQUEST FORM

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

Student ID #: _____ Contact Number: _____

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

Term of Request: _____ (ex. Spring 2026)

DELIVERY INSTRUCTIONS

Email:
Attention: _____
Company/Organization:

Recipient Email Address:

Pick up
 Mail to:
Attention: _____

Address

Address

City State Zip Code

**Student's Signature:* _____ *Date:* _____

Once completed, please email form to verifications@hamptonu.edu
*Signature not required on forms emailed from your my.hamptonu.edu email address.
Please allow 3-5 days for processing.
Requests will be processed in the order they are recieved. Submitting a duplicate request will slow processing time.