



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: \_\_\_\_\_

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#### DELIVERY INSTRUCTIONS

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**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.