

HUNTINGDON COLLEGE

1500 East Fairview Avenue
Montgomery, AL 36106

ENROLLMENT VERIFICATION REQUEST

Please PRINT the information requested below:

First Middle Last Social Security Number

Extension of Phone Number / / Anticipated Graduation / / Date of birth

Enrollment dates to be verified: _____

Send Enrollment Verification to: (Please PRINT full name and address)

Name of Individual and/or Department

Institution or Company Fax Number

Address

City State Zip

Special Instructions:

Student Signature _____ **Date** ____/____/____

Date request received _____ Date sent _____