

HUNTINGDON COLLEGE

Department of Evening Studies
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ENROLLMENT VERIFICATION REQUEST

Please **PRINT** the information requested below:

First Middle Last Last 4 digits of SSN
_____/_____/_____
Extension or 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 _____