

HUNTINGDON COLLEGE

Office of the Registrar
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Montgomery, AL 36106-2148

(334) 833-4431
Fax (334) 833-4313
registrar@hawks.huntingdon.edu

ENROLLMENT VERIFICATION REQUEST

Please **PRINT** the information requested below:

First Middle Last SSN or Student ID Number

Extension or Phone Number Anticipated Graduation Date of birth

Enrollment dates to be verified: _____

If any of the information below is needed, please specify which option you authorize:

- Partial DOB (month and day/*default*) **OR** Full DOB (include year)
 Partial SSN (last 4 digits) **OR** Full SSN (all 9 digits)
 Other (please describe): _____

Enrollment Verification Should Be Sent to:

Name of Individual and/or Department

Institution or Company Fax Number

Address

City State Zip

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

Date request received _____

Date sent _____