

Enrollment Certification Request Form

Please fill out this form clearly and completely. Return to the Office of Academic Records in Brown Administrative Complex, Room 154 or to academicrecords@hbu.edu.

_____	_____	_____	_____
Last Name	First Name	Middle Name	Maiden/Other Name
_____	_____	_____	
Student ID (H#)	Phone	Email	
_____	_____	_____	
Student Signature	Date		
_____	_____		

Verification information: <input type="checkbox"/> Complete attached form <input type="checkbox"/> Provide letter
Enrollment verification for <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Spring Year: _____
Additional information to include: <input type="checkbox"/> Classification <input type="checkbox"/> HCU GPA <input type="checkbox"/> Major/minor/degree pursued
<input type="checkbox"/> Anticipated graduation date (provide term and year): _____

Distribution method: <input type="checkbox"/> Student pick-up (<i>photo ID required</i>)
<input type="checkbox"/> Third-party pick-up (<i>written consent from student and photo ID required</i>)
<input type="checkbox"/> Email to the address listed below
Contact Name: _____ Email: _____
<input type="checkbox"/> Fax to the number listed below (note: we cannot fax to international numbers)
Contact Name: _____ Fax Number: _____
<input type="checkbox"/> Mail to the address listed below
Name: _____
Street address: _____
City: _____
State: _____ ZIP Code: _____

<i>Office of Academic Records Use Only</i>	
Processed by: _____	Date: _____

