



**REQUEST FOR ENROLLMENT VERIFICATION
OFFICE OF STUDENT RECORDS**

Name _____ Social Security/Student ID _____

Date _____ Daytime Phone # _____

Semester to be verified _____ Number of Copies _____

- Please complete the attached forms – Fax with this form to 713-718-2111
- I need a letter stating _____

If graduation date is needed on letter please state your anticipated graduation date from HCC.

Month _____ Year _____

If letter is for an insurance company, please include claim or group number.

- Mail to (complete only if information is to be mailed)
- Name _____
- Address _____
- City _____ State _____ Zip _____
- Email address _____
- Signature _____ Date _____