

# Enrollment Verification Request

Allow 1-2 business days for processing



# Hope COLLEGE

REGISTRAR

Student name \_\_\_\_\_ Hope ID \_\_\_\_\_

Requestor name (if different) \_\_\_\_\_ Date \_\_\_\_\_

Email \_\_\_\_\_@hope.edu Phone \_\_\_\_\_

## I am requesting

Enrollment verification for Fall \_\_\_\_\_ Spring \_\_\_\_\_

Verification of anticipated graduation date \_\_\_\_\_  
semester & year you expect to graduate

## Send verification somewhere or pick it up?

Send to

Pick it up