



**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 \_\_\_\_\_