



Enrollment Verification

Submit the Enrollment Verification form to the Records Office at CCB 1600.

Student Name _____

HCC Student ID# _____

Date of Birth _____

Daytime phone number _____

Indicate the semester(s) the verification is needed:

Fall _____ Year _____

Spring _____ Year _____

Summer _____ Year _____

All semesters attended _____

Sending options:

I will pick up _____

Please fax _____ Fax number _____

Please email _____ Email address _____

Please mail _____ Issue to _____

Address _____

City, State and Zip code _____

Student signature _____

Date _____

Office use ONLY

Processed by _____ Date _____