



## Verification of Prior Enrollment

The Office of Registrar can provide verifications of enrollment for current or prior enrollment. Please allow at least two business days from receipt of request for processing. This completed form can be emailed to [registrar@hood.edu](mailto:registrar@hood.edu).

Current First and Last Name: \_\_\_\_\_

Prior Name if Different from Above: \_\_\_\_\_

Student ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Please indicate the information to include in the verification:**

Program of Study \_\_\_\_\_ Cumulative GPA \_\_\_\_\_ Dates of Attendance \_\_\_\_\_

Good Academic Standing \_\_\_\_\_ Degree Earned & Date (if applicable) \_\_\_\_\_

List any other information to be included:

**Verification to be sent by (choose one):**

\_\_\_\_ Mail (Provide Address)

Recipient Name: \_\_\_\_\_

Company/Agency Name: \_\_\_\_\_

Recipient Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ Email

Recipient Name: \_\_\_\_\_

Recipient Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For Registrar Use Only**

\_\_\_\_ Verification Processed

\_\_\_\_\_  
Registrar Office Signature/Date