



Verification of Enrollment

- Complete this form if you require a letter confirming enrollment at Hellenic College Holy Cross.
- This form is to be completed by the student.

Last *First* *M.I.*

Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Student Identification Number

Phone: _____ Email: _____

Hellenic College Holy Cross

Please check if any of the following is needed in the verification letter.

- Semester Credit Hours Degree(s) Received
- Anticipated Graduation Date Date of Degree(s) Received
- Dates of Attendance Other (Please explain below)

Organization Mailing Address (if applicable):

Student Release

I hereby authorize Hellenic College Holy Cross to provide the information indicated above to the institution, individual, and/or organization designated above.

Signature: _____ Date: _____

HCHC Internal Use Only

Process Date: _____ Initials: _____