



**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: \_\_\_\_\_