



Hagerstown Community College
11400 Robinwood Drive
Hagerstown, MD 21742-6514
240-500-2238 ■ Fax: 301-791-9165
www.hagerstowncc.edu

Request for Verification of Enrollment for Current Students

(Print Name)

(Student ID)

(Phone number)

Please complete all three sections below

1 Indicate the semester(s) and years(s) for which you are requesting verification of enrollment:

- ☐ Fall _____
- ☐ Spring _____
- ☐ Summer _____

2 Indicate what type of documentation you will need from us:

- ☐ Letter of enrollment status – to be provided by the Admissions Office
- ☐ Completion of an enrollment form – to be provided by the student

3 Indicate where the documentation will need to be sent:

- ☐ I will pick up the documentation on: _____ **PHOTO ID REQUIRED**
*If another person will be picking up the documentation on your behalf, please indicate their name: _____ **PHOTO ID REQUIRED**

- ☐ Mail the documentation to the address listed below:

Attn: _____
Company: _____
Address: _____
City, State, Zip: _____

- ☐ Fax the documentation to:

Attn: _____
Fax number: _____

Signature: _____

Please allow 24 hours for your request to be processed