

## Office of the Registrar 1100 Henderson Street, Box 7534, Henderson State University, Arkadelphia, Arkansas 71999-7534 Phone: 870-230-5135

To request an official enrollment verification letter print out this form, complete and sign, and return to the Registrar's Office either in person or by postage mail. Students unable to submit a request in person or by mail should do so through the National Student Clearinghouse at <a href="www.getmytranscript.org">www.getmytranscript.org</a>. Forms will **not** be accepted by email or fax. If submitting your request either in person or by postage mail, a separate form must be submitted for each different address to which the enrollment verification letter is to be sent. For proper identification and location of records, please list **ALL** names held while attending Henderson State. Please note that documents can only be released to a third party with the written authorization of the student. Photo identification will be required for documents picked up in person from the Registrar's Office. This form will **NOT** be accepted unless all fields are complete.

Student Name Wh	Phone:		
First	Middle	Last	Email:
Other Names Whil	Date of Birth:		
			(Month/Day/Year)
First	Middle	Last	HSU ID#
First	Middle	Last	
Are you currently  Dates of Attendan	Graduation Date:		
	<b>ce:</b> From: To: (Month/Day/Year)	Year)	(Month/Day/Year)
Number of Copies	Requested (Limit 3):		
Pick-Up in Person: □ I	f to be picked up by someone other than the stude	nt, then who?	
(Name of Intended Rec	ipient)		
someone else to be per	academic record corresponds to this request MU mitted to pick-up the letter The only exception is to receive the enrollment verification letter.		
Mail Enrollment V	erification Letter to:		
	(Provide Full Address With State & Zip Code		
Student Signature	(Required):		

Date: