

Hamline ID: _____

Date of Birth: _____

Legal Name: _____
Last (Birth/Maiden Name) First Middle

Student Signature: _____

Date: _____

Program of Enrollment (check all that apply):

- Undergraduate
- Graduate
- Continuing Studies

Term(s) & Year Needed:

Most verifications cannot be completed until census day, usually 10 days after the semester begins. See hamline.edu/academiccalendar for exact dates.

- Fall _____
- J-term _____
- Spring _____
- Summer _____

Delivery:

- Pick up by:**
 - Self**
 - Proxy:** _____

Address: _____

Fax: _____

Email: _____

What is the verification for? _____

Describe special instruction/ Items to include:

Return completed form

- **by email** to registrar@hamline.edu
- **by fax** to 651-523-2585
- **by mail** to Hamline University, Registration and Records, MS-A1750, 1536 Hewitt Ave, St. Paul MN 55104-1284
- **in person** to Registration and Records, East Hall 113