



Hesser College

Office of the Registrar

3 Sundial Avenue
Manchester, NH 03103
Tel: 603-668-6660
Fax: 603-314-0096

Enrollment Verification Request Form (Please Print)

Name: _____ SS# or SID#: _____

Address: _____ Program: _____

_____ Phone: _____

Terms to be Verified: _____

Please Note: Verification requests are processed in the order in which they are received. Processing time varies with the volume of requests and time of academic year. Incomplete or illegible forms will not be processed.

Insurance Verification

Name of Insurance Co: _____
Address or Fax #: _____
Name of Policyholder: _____
Group/Member ID#: _____

In-School Loan Deferment

Name of Lender: _____
Account #: _____
Address or Fax #: _____

Enrollment Verification

Reason for Verification: _____
Company &/or company: _____
Address or Fax #: _____

Pick up by student

Mail to student

Mail to company

Hesser College complies with the Family Educational Rights and Privacy Act protecting the rights of the student in matters of access and release of information contained in the student's records.

I have read and understand the above information.

STUDENT SIGNATURE: _____

DATE: _____

Return this form to the Office of the Registrar.