Harper College

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_____
        Print last name
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Request for Verification

Harper College has authorized the National Student Clearinghouse to act as our agent for all **verifications of student enrollment.** Please visit the Clearinghouse: **studentclearinghouse.org** or contact them by phone, 703.742.4200.

For **verifications involving academic information,** such as grade point averages and student course schedules, please complete this form and submit it to the Registrar's Office.

Date _____

Reason for verification, check one: ☐ Insurance   ☐ Deferment   ☐ Other (explain): _____

Semester(s) and year(s) for which verification is needed: ☐ Fall 20 ____   ☐ Spring 20 ____   ☐ Summer 20 ____

Please check one box:

If this form is not picked up within 30 days, verification will be mailed to the student address on file.

Form will be: ☐ Picked up in person (picture identification required)

☐ Transmitted by fax*   Attn: _____   Fax # _____

☐ Mailed   Mail to (name) _____

Address _____

City, State, ZIP _____

I authorize the release of academic information:

Name (please print) _____   Student Signature _____

Harper ID # _____   Date of Birth _____

Daytime Phone _____   Alternate Phone _____

Please note: It takes approximately one to two weeks to complete forms. Loan deferments are completed after the refund period is over.

* I understand that a fax transmission may be received in an open area and may be seen by individuals other than the addressee.

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Office Use Only

Date Processed _____   Initials _____   ☐ Picked up   ☐ Faxed   ☐ Mailed

☐ Reduced hours verified

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