SPECIAL REQUEST

Harvey Mudd College, Office of the Registrar

Student Name: _____ Date: _____

Student ID: _____ Class of: _____

Needed by Date: _____ _____ Form attached
_____ Envelope attached

____ **Enrollment Verification:** I hereby request a letter/form of enrollment verification.
Instructions**:** _____
_____
_____
_____
Please include the following information or phrases: _____
_____
_____
_____

____ **Other Request:** _____
_____
_____
_____
_____
_____
_____

Delivery Options ***(check one):***

____ *Put in Student Box* ____ *Hold at Registrar's Office for pick up* _____ *(day/time)*

____ *Mail To:* _____
_____
_____
_____
City *State* *Zip*

____ Fax To: _____
Attn: _____
Fax Number: _____

Student's Signature: _____

Requested by: _____

Contact number for questions: _____

Rev: 9/21/05 NK