



VERIFICATION REQUEST FORM

STUDENT INFORMATION

Student ID Number (Use Social Security Number if Student ID Number is unknown) _____ Date of Birth _____ Email Address _____

Last Name _____ First Name _____ Middle Name _____

Previous/Former Name(s), if applicable _____

Current Address _____ City _____ State _____ Zip Code _____

LETTER INFORMATION (check all that apply)

Enrollment (includes credit hours) _____ Term/Semester _____ Year _____

Anticipated Graduation Date _____ Major/Program _____ Grade Point Average _____

Degree (program and date of graduation) _____ Other _____

Year attended HFC (if you were enrolled prior to 2001) _____

All letters will be addressed "To Whom It May Concern" unless a recipient name is provided below:

If verification is for a student loan include the Name of the Lender: _____

DELIVERY METHOD (We are currently not on campus to receive mail-in requests. You must provide an email address where this verification will be sent.)

Email address: _____

Release of Henry Ford College Records and Release of Claims

The undersigned hereby authorizes Henry Ford College to release all records regarding the undersigned to the persons, agencies and entities per the attached Exhibit A. The undersigned hereby releases Henry Ford College's current and/or former Board of Trustees, its individual Board members, officers, directors, agents, employees and all the person(s) providing the above records in their official and individual capacity from all claims and liability for damages that may result from their compliance with this request. I also hereby waive the right to file suit against any of the foregoing for any claim including without limitation, libel, defamation, discrimination, violation of state and federal civil rights laws, the American's with Disabilities Act and Michigan's Persons with Disabilities Civil Rights Act and any other statutory and/or common law claim.

Student Signature _____ Date _____