

Enrollment Verification Request



HANNIBAL-LAGRANGE UNIVERSITY

2800 Palmyra Road Hannibal, MO 63401

800.HLG.1119 fax: 573.221.4293

www.hlg.edu

Date: ____/____/____
Month Day Year

Name: _____
Last First Middle

Student ID or SSN _____

Home Phone (____) _____ Cell Phone (____) _____

Email Address _____

Semester(s) Needed _____

Fax to the following number (____) _____

Mail to the following address _____

Student Signature _____ Date ____/____/____