



Enrollment or Degree/Diploma Verification Request Form

Full Legal Name

Other Names Used (including maiden name)

Date of Birth

Name of Institution Attended

City and State of Institution Attended

Year(s) of Enrollment

Year of Diploma/Degree Received

Please send or fax enrollment or degree/diploma verification to:

Hope Harbor
PO Box 26 Marshall, MN 56258
Phone (507) 537 4525
Fax (507) 929 4673
office@hopeharbormn.org

Hope Harbor
PO Box 353 Winona, MN 55987
Phone (507) 474 6411
Fax (507) 474 6415
winona@hopeharbormn.org

By signing this form, I authorize the release of my enrollment or degree/diploma information to the company listed above for the purposes of my employment.

Signature

Date