

REQUEST FOR HAFB ACCESS LETTER

DATE _____

NAME _____ **PHONE #** _____

SOCIAL SECURITY # _____ **DATE OF BIRTH** _____

PLACE OF BIRTH _____ **CITIZENSHIP** _____

SEMESTER _____ **COURSE** _____

SIGNATURE _____

ALL REQUESTS REQUIRE SEVEN (7) BUSINESS DAYS FOR PROCESSING!
PLEASE RETURN THIS FORM TO THE ADMISSIONS & RECORDS OFFICE