



**TRINITY COLLEGE**  
**REGISTRAR'S OFFICE**

**VERIFICATION REQUEST FORM**

**REQUEST TYPE:**

- ENROLLMENT VERIFICATION FOR TERM:  
FALL \_\_\_\_\_  
SPRING \_\_\_\_\_  
SSN: \_\_\_\_\_
- DEGREE VERIFICATION LETTER
- OTHER (please specify information needed):  
\_\_\_\_\_

For Office Use Only	
MATR	_____
DGR/DATE	_____
MAJ	_____

**MAIL TO ADDRESS BELOW (Please Print Clearly)**

NAME: \_\_\_\_\_ STUDENT NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ FAX TO #: \_\_\_\_\_  
\_\_\_\_\_ ATTN: \_\_\_\_\_  
\_\_\_\_\_ DATE: \_\_\_\_\_

ONLY DIRECTORY INFORMATION WILL BE RELEASED WITHOUT A STUDENT'S SIGNATURE