



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

**VERIFICATION REQUEST FORM**

For Office Use Only	
MATR	
DGR/DATE	
MAJ	

**REQUEST TYPE:**

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

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

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STUDENT NAME: \_\_\_\_\_  
FAX TO #: \_\_\_\_\_  
ATTN: \_\_\_\_\_  
EMAIL TO: \_\_\_\_\_