SAINT MICHAEL'S COLLEGE
Office of the Registrar
One Winooski Park
Colchester, Vermont 05439
Telephone: (802) 654-2571
Fax: (802) 654-2690

REQUEST FOR VERIFICATION LETTER

Student Name: _____
Last First MI

Student ID # or Social Security #: _____

For Office Use Only:
Semester: SP ___ / SU ___ / FA ___
Credits: SP ___ / SU ___ / FA ___
Student: UG / GR / ND / SIS
Enrollment: FT / HT/ PT
AGD: _____ Degree: _____

I am requesting an official letter verifying ***[Please ✓ appropriate box(es)]*****:**

❑ **Full Time Enrollment** ❑ **Half Time Enrollment** ❑ **Part Time Enrollment**

For the following term(s) ***(e.g. Fall 2004)*****:** _____ **Year of Graduation:** _____

❑ **My Degree(s) from Saint Michael's College**

Year(s) of Graduation: _____

Degree(s) Received: _____

❑ **My Degree(s) from Trinity College**

Year(s) of Graduation: _____

Degree(s) Received: _____

❑ **Other** ***(Explain)*****:** _____

_____

Please include the following additional information in the verification letter: _____

_____

_____

Please choose one of the following:

❑ **Please mail my verification to:**

Organization: _____

Attn: _____

Address: _____

_____

_____

_____

❑ **Please fax my verification to:**

Organization: _____

Attn: _____

Fax Number: _____

❑ **I will pick up my verification letter:**
(Please Allow 2-3 Business Days for Processing)

Your Telephone Number: _____

_____ _____ _____
Signature Daytime Telephone No. Date