



REQUEST FOR VERIFICATION LETTER

Office of the Registrar
One Winooski Park, Colchester, VT-05439
Telephone: 802.654.2571 Fax: 802.654.2690

Student Name: Mr. Mrs. Ms. _____
Last First MI

Student ID # or Social Security #: _____

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

Full Time Enrollment For (✓one): Ski Pass Health/Dental Insurance
 Study Abroad/Visa _____
Name and Location of Consulate

Good Standing for Car Insurance Other _____

For the following term(s) (e.g. Fall 2015): _____ Year of Graduation: _____

Half Time Enrollment Part Time Enrollment

For the following term(s) (e.g. Fall 2015): _____ 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:

<input type="checkbox"/> <u>Please mail my verification to:</u> Organization: _____ Attn: _____ Address: _____ _____ _____ E-mail: _____	<input type="checkbox"/> <u>Please fax my verification to:</u> Organization: _____ Attn: _____ Fax Number: _____ <hr/> <input type="checkbox"/> <u>I will pick up my verification letter:</u> (Please Allow 2-3 Business Days for Processing) Your Telephone Number: _____
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Requested
By: _____
Signature/Name Daytime Telephone No. Date