

STUDENT ENROLLMENT VERIFICATION FORM
Triton College Office of Admission and Records

Print all information; allow **24-48 hours** for this request to be processed. A letter will not be issued if you have an **outstanding financial obligation** to the College.

Name _____

Last

First

MI

Address _____ City/Zip _____

Colleague ID# _____ OR Social Security # _____

Date of Birth _____ Phone (_____) _____

Enrollment Verification: Fall _____ Spring _____ Summer _____ Year 20 _____

Full-time _____ Part-time _____

_____ Auto Insurance (____ complete attached form)

_____ Bank Deferment (____ complete attached form)

_____ Enrollment Verification Letter (limited to 2 semesters only; more than 2 semesters require an official transcript)

_____ Other _____

Check the appropriate box (allow 24-48 hours to process request):

_____ Will pick up letter at Welcome Center (student photo ID is required)

_____ Fax to: Name _____

Fax # _____

_____ Mail to: Name _____

Address _____

City/State/Zip _____

Student authorization for release of enrollment verification:

Signature of Student

Date

If you wish to authorize another person to pick up your letter they must have a signed release from you indicating approval to pick up your enrollment verification, and also a personal photo ID.