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.

D. Johnson
10.8.2014