

VERIFICATION REQUEST

Trinity College

Trinity International University

University Records: 2065 Half Day Road; Deerfield, IL 60015 Fax (847) 317-8107

Records Contact Information: Phone - (847)317-7050 E-mail: trecords@tiu.edu



Name: _____ ID#: _____

Contact Phone Number: _____

Please verify the following information:

- Full-time/part-time enrollment status for the ____ / ____ semester/year
- All previous semesters that I have been a student
- Good Student status (3.0 GPA or above)
- GPA
- I have submitted an Intent to Graduate form; verify my intended graduation date
- I have completed all graduation requirements; verify my graduation date not yet posted
- I have already graduated; verify my graduation date and degree
- Grades for tuition reimbursement: Course number/Title _____ Semester/term _____
- Include cost of this course? YES NO
- Other: _____

Please include the following information to identify me:

- My Social Security Number
- Insurance Policy Information
 - Insurance ID#: _____
 - Insurance Group#: _____
 - Policyholder's Name: _____
 - Policyholder's Employer: _____
- Other: _____

Please send this verification:

- By fax. Fax#: _____ Attn: _____
- By mail. Address: _____

- By inter-campus mail to my box. Box#: C- _____
- Please call me to pick it up. Phone#: _____
- By e-mail (GroupWise e-mail address only)

Please allow approximately 3-7 business days for processing.

Signature: _____ Date: _____