

VERIFICATION REQUEST



Please allow 3-7 business days for processing.

Student Information

Name: _____ Student ID: _____
 First Middle Last

E-mail: _____ Primary Phone: _____

Please verify the following information:

- Enrollment status:
 - Full-time Part-time
 - Fall Spring Summer _____ (year)May only be verified within 30 days before the semester.
- All previous semesters that I have been a student
- Good student status (3.0 GPA or above)
- GPA
- Intended graduation date
You must have an Application for Graduation on file.
- Completion of all graduation requirements/
graduation date not yet posted

- Graduation & degree date
You must have already graduated.
- Information for tuition reimbursement
Course number & title: _____
Semester: _____
Include dates of course? yes no
Include cost of course? yes no
Include final grade of course? yes no
- EFCA recommendation (MDiv students only)
- Other: _____

Please include the following information to identify me:

- Date of birth
- Social security number
- Other: _____

- Insurance policy information
Insurance ID#: _____
Insurance group #: _____
Policyholder's name: _____
Policyholder's employer: _____

Please send by:

- Trinity student e-mail address
- Outside e-mail address
ATTN _____
E-mail _____
- Call for pick-up
- Intercampus mailbox
Box# _____

- Fax
ATTN _____
Fax number _____
- Mail
ATTN _____
Address _____

Signature: _____ Date: _____

I authorize Trinity International University to release the above information.