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# VERIFICATION REQUEST

Trinity Evangelical Divinity School and Trinity Graduate School



Trinity International University

University Records: 2065 Half Day Road; Deerfield, IL 60015

Records Contact Information: Fax: (847) 317-8107 Phone: (847) 317-8050 E-mail: teds-tgsrec@tiu.edu

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Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Please verify the following information:**

- Full-time/part-time enrollment status for the: (circle one) Fall / Spring / Summer \_\_\_\_\_ (year)
  - Program Verification
  - Grades for Tuition Reimbursement for the: (circle one) Fall / Spring / Summer \_\_\_\_\_ (year)
  - Good Academic Standing
  - I have submitted an Application for Graduation; verify my intended graduation date
  - I have completed all of my program requirements but my graduation date is not yet posted
  - I have already graduated; verify my graduation date and degree
  - EFCA recommendation
  - Other: \_\_\_\_\_
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**Please include the following information to identify me:**

(If nothing is marked, we will only provide your name.)

- Date of Birth
- Social Security Number
- Other: \_\_\_\_\_

**Please send this verification:**

- By fax  
Fax#: \_\_\_\_\_  
Attn: \_\_\_\_\_
- By e-mail (attached as PDF document)  
E-mail address: \_\_\_\_\_  
Attn: \_\_\_\_\_
- By mail to the following name and address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- By inter-campus mail to my box: \_\_\_\_\_
- Please call or e-mail me for pick up

I authorize Trinity International University to release the above information

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please allow approximately 3 to 7 business days for processing