

CONNECTICUT COLLEGE
Request for Letter of Verification

Student Name:

Social Security Number:

Class Year:

Campus Box:

What information needs to be verified? (Check necessary items)

Enrollment for present semester

Enrollment for previous semester

Expected Graduation Date

Other (please specify):

Where would you like completed Verification Letter to be sent?
(indicate specific address)

Phone number(s) where you may be reached in case of questions:

Mail form to:
Office of Records & Registration
Connecticut College
270 Mohegan Avenue
New London, CT 06320-4196

or fax to: (860) 439-5421