



Step 1: Print the form.

Step 2: Completely fill out the form & sign it. Failure to comply will result in delays.

Step 3: Fax to (802) 258-3470 or Mail to:

*Office of the Registrar, SIT
PO Box 676, Brattleboro, VT 05302-0676*

Please Note: You must sign the form.

Third-party requests are not accepted without a valid Power of Attorney.

Current Information

Current Name: _____ Name While Enrolled: _____
last name first name MI last name first name MI

Email Address: _____ Date of Birth: _____
mm / dd / yyyy

Home Phone: _____ ID Number: _____

Program Attended: _____ Dates/Semester Attended: _____

Address: _____ City: _____ State: _____ Zip: _____
street apt #

Is this address permanent? **Yes** **No** If not, please provide dates of validity: _____ to _____
mm / dd / yyyy mm / dd / yyyy

Reason for Letter Request

Enrollment Verification

Semesters to be Verified: _____

Anticipated Date of Graduation (if applicable): _____

Completion of Program

Date of Graduation: _____

Other

Please Explain: _____

Please Send Letter(s) To

Name of Institution/Recipient: _____ Email: _____

Address: _____ Fax: _____

City: _____ State: _____ Zip: _____ Country: _____

Name of Institution/Recipient: _____ Email: _____

Address: _____ Fax: _____

City: _____ State: _____ Zip: _____ Country: _____

Number of Copies per Address? _____

Please include additional addresses on a separate sheet of paper. You do not need to complete another form.

Signature: _____ Date: _____