

VERMONT TECH

Office of the Registrar

PO Box 500

Randolph Center, VT 05061-0500

(802) 728-1302 Fax:: 1597 registrar@vtc.edu

ENROLLMENT VERIFICATION REQUEST

ID number: _____

Date of request: _____

Name: _____

Program: _____

(Site/campus)

Instructions: _____

Signature: _____

Please send a letter

Student will pick up

Send to: _____

For Official Use Only:

Date produced: _____

Sent

issued directly to student

envrq.doc 06/28/13