

## Online Login/Password Request Form (or Change of Address)

**\*This is not a Registration Form\***

- Please complete this form in its entirety. Returning students may complete this form online at: <http://www.trinitydc.edu/continuing-education/login-request/>.
- If a first time Trinity student, attach documentation of an undergraduate degree or higher (see Admission below).
- Upon receipt of this request form, your login ID and password will be sent within two business days to the email address you provide.

Check the box(es) for the request(s) that you want to submit:

- Request online login ID and password                       Request address change

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Gender: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone (Day): \_\_\_\_\_

Phone (Night): \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Where do you teach?: \_\_\_\_\_

### Admission/Degree Confirmation

Have you received credit from Trinity? \_\_\_\_\_ Yes \_\_\_\_\_ No\*

**\* If No, in order to receive credit, you must submit a copy of one of the following forms of official documentation of an undergraduate degree or higher when you submit this form: a final transcript, Bachelor's diploma, or Teaching License (if degree status is indicated).**

**DEGREE(S) HELD** Please check those that apply to you:

\_\_\_\_\_ B.A. \_\_\_\_\_ M.A. \_\_\_\_\_ M.A.T. \_\_\_\_\_ M.Ed. \_\_\_\_\_ Ed.D. \_\_\_\_\_ Ph.D. \_\_\_\_\_ J.D. \_\_\_\_\_ Other

I have read the policies and procedures as listed on the Continuing Education website and/or in the complete published schedule for this semester. I understand the registration requirements and that I am responsible for and agree to pay all charges I incur at Trinity, whether or not my employer initially agreed to pay my tuition. With my signature below, I acknowledge that I am willing to comply with the aforementioned policies and I approve the release of my report card to my address above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Mail: Trinity - Office of Continuing Education (Main Hall 228), 125 Michigan Ave NE, Washington, DC 20017**

**Fax: 202-884-9084 ♦ Email: [ContinuingEd@Trinitydc.edu](mailto:ContinuingEd@Trinitydc.edu)**

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