

Letter Request Form

PLEASE ALLOW 1 - 2 BUSINESS DAYS FOR PROCESSING.

(A) PERSONAL INFORMATION		
1 Title: (Circle one) Mr. / Ms.	2 Name: (Last, First, M.I.)	3 Student ID #: N _____
4 Local Address:		
5 Preferred E-mail: (We will contact you at this address)		6 Student Status: (Check <input checked="" type="checkbox"/> one) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time

(B) LETTER REQUEST INFORMATION
1 Letter Type: (Check <input checked="" type="checkbox"/> one)
<input type="checkbox"/> Letter Verifying Enrollment <input type="checkbox"/> Letter Verifying Graduation <input type="checkbox"/> Letter Verifying Address/Enrollment for a Bank <input type="checkbox"/> Letter Certifying Degree Requirements Completed (<i>prior to graduation</i>) <input type="checkbox"/> Letter Verifying Expected Graduation Date <input type="checkbox"/> Excuse Letter for Jury Duty <input type="checkbox"/> Other: (explain below)
2 Recipient Name & Address: (If applicable):
3 Letter Handling: (Please read carefully and check <input checked="" type="checkbox"/> one)
<input type="checkbox"/> Addressed to self and held for pick-up. (You will be notified via your preferred e-mail indicated above.) <input type="checkbox"/> Addressed to self and mailed to my address above. <input type="checkbox"/> Addressed to recipient above and held for pick-up. (You will be notified via your preferred e-mail indicated above.) <input type="checkbox"/> Addressed to recipient above and mailed. <input type="checkbox"/> Other Instructions: (Explain below)
Student's Signature:
Date:

OFFICE USE ONLY	
Date:	Initials: