

LETTER REQUEST



*Letters are processed within 2 business days for a charge of \$5.00 per letter.

*Letters requiring information verification from a department may increase processing time beyond 2 business days

*Contact Enrollment Services for same-day (by close of business day) availability, as it is not guaranteed.

*Letters processed same-day (by close of business day) are a charge of \$20.00 per letter.

Student Information

Name _____ Student ID # _____

Phone # _____ Email Address _____

Semester(s) to be Verified: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer 20_____	
Standard Letter (Choose all options that apply):	
<input type="checkbox"/> Enrollment (term dates and enrollment status)	<input type="checkbox"/> Anticipated Graduation Date
<input type="checkbox"/> Class Standing (Undergraduate only)	<input type="checkbox"/> Grade Point Average
<input type="checkbox"/> Credit Hours	<input type="checkbox"/> Degree Verification (major and date of graduation)
<input type="checkbox"/> Major	<input type="checkbox"/> Completion Letter (prior to degree being posted)

All letters are addressed "To Whom It May Concern" unless otherwise indicated here: _____

Delivery Method: Number requested: _____

Pick up at One Stop Center

NOTE: Letters not picked up within 2 weeks will be destroyed; a new request with payment of the request fee must be submitted to obtain another copy of the letter.

E-mail this letter to: _____

Fax this letter to: (_____) _____

Mail this letter to the address indicated below:

Name _____

Address Line 1 _____ Address Line 2 _____

City _____ State _____ ZIP _____

AUTHORIZATION AND PAYMENT <input type="checkbox"/> Check enclosed <input type="checkbox"/> American Express <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover Credit Card Number _____ Exp. Date _____ Amount authorized to be charged \$ _____	BILLING ADDRESS AND SIGNATURE (required if card is not present) Billing Address _____ City _____ State _____ Zip Code _____ Signature of credit card holder _____ Date _____
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Student Signature* (authorizes letter) _____ **Date** _____

*Handwritten Signature Required

Office Use Only

Charges Processed: Date: _____ Initials: _____ Letter Sent: Date: _____ Initials: _____