

SACM 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: Fall Spring Summer 20_____

Standard Letter (Choose all options that apply):

- | | |
|--|---|
| <input type="checkbox"/> Enrollment (term dates and enrollment status) | <input type="checkbox"/> Online Courses |
| <input type="checkbox"/> Class Standing (Undergraduate only) | <input type="checkbox"/> Major |
| <input type="checkbox"/> Semester Credit Hours | <input type="checkbox"/> Anticipated Graduation Date |
| <input type="checkbox"/> Total Credit Hours | <input type="checkbox"/> Grade Point Average |
| <input type="checkbox"/> Remaining <input type="checkbox"/> Completed | <input type="checkbox"/> Degree Verification (major and date of graduation) |
| <input type="checkbox"/> Other: | <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 _____

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

Student Signature* (authorizes letter) _____ **Date** _____

*Handwritten Signature Required

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| <p><i>Office Use Only</i></p> <p>Charges Processed: Date: _____ Initials: _____ Letter Sent: Date: _____ Initials: _____</p> |
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