LETTER REQUEST FORM

Use this form to request miscellaneous letter requests

NAME __________________________ DATE ________
Weekend _____ Weekday _____ Student ID# ________ Phone No. ________

Purpose of Letter
________________________________________________________

Release of Information

I authorize the Registrar’s Office to include the information listed below in my verification letter.

Signature __________________________

Please write the necessary information to be included in the letter:
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

Pick up or Mailing Address

I will pick up the letter: Y N

Or

Mail letter to this address:
________________________________________________________
________________________________________________________
________________________________________________________

**Return to the Registrar’s Office in LA204 or fax it to (414)382-6478**

Office Use Only
Date Received
Initials
Date Completed