

LETTER REQUEST FORM

Use this form to request miscellaneous letter requests

NAME _____ **DATE** _____

Student ID# or SSN _____ **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 Mail

I will pick up the letter: Y N (circle one)

Or

Mail letter to this name and address:

****Return to the Registrar's Office in FO 144 or fax it to (414) 382-6478
or email to registrar@alverno.edu****

<u>Office Use Only</u>
_____ Date Received
_____ Initials
_____ Date Completed