



FULL-TIME LETTER REQUEST FORM

Please write clearly, and fill out all necessary information.

VERIFICATION LETTERS are picked up, faxed, or mailed **within 48 hours** from the moment received.

Signature is required in order to process this request.

Name _____ Last 4 Digits of SSN _____

Phone Number: (_____) _____ - _____

Please check (✓) all that apply:

Mail Home/Third Party _____ Pick-Up _____ Fax _____

Address where letter/form should be mailed:

Street _____

City _____ State _____ Zip Code _____

Fax (if applicable):

Fax Number _____

Attention to _____

Please (✓) check the purpose:

_____ Health Insurance Letter (if applicable, please provide insured's information)

_____ Degree Letter

_____ Standard Full/Half-time letter

Specify Semester(s) _____

***SIGNATURE** (required) _____