

STUDENT REQUEST FORM

Please allow at least **7 business days** for processing the forms requested below. We will not process your request unless this form is properly completed.

NAME		
TODAY'S DATE (MM/DD/YYYY)	DATE OF BIRTH (MM/DD/YYYY)	STUDENT ID#
HOME ADDRESS <i>Street</i>		<i>Unit/Apt.</i>
City	State	ZIP
PHONE (WITH AREA CODE)	EMAIL	
<p>I am requesting the following:</p> <p><input type="checkbox"/> Enrollment Verification Letter State the reason(s) you need this letter: _____</p> <p><input type="checkbox"/> Enrollment Verification with Full Description of Costs Letter State the reason(s) you need this letter: _____</p> <p><input type="checkbox"/> Transcript(s) State the reason(s) you need this letter: _____</p> <p>The requested form(s) should be:</p> <p><input type="checkbox"/> Mailed to the above address</p> <p><input type="checkbox"/> Held for pick-up (The IEP Office will contact you when it is ready for pick-up)</p>		

OFFICE USE ONLY

<input type="checkbox"/> Received by SA: _____ on ___/___/___	<input type="checkbox"/> Approved by Staff: _____ on ___/___/___
<input type="checkbox"/> Processed by SA: _____ on ___/___/___	<input type="checkbox"/> Released by SA: _____ on ___/___/___
Probation <input type="checkbox"/> Yes _____ When _____ <input type="checkbox"/> No _____	Ready to be released? <input type="checkbox"/> Yes <input type="checkbox"/> No
Health Insurance expires on: ___/___/___	Other Comments: _____
Payments: _____	_____
Alerts: _____	_____