

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 _____

AUTHORIZATION AND PAYMENT

- ☐ Check enclosed
- ☐ American Express ☐ Visa ☐ MasterCard ☐ Discover

Credit Card Number _____

Exp. Date _____ Amount authorized to be charged \$ _____

BILLING ADDRESS AND SIGNATURE (required if card is not present)

Billing Address _____

City _____ State _____ Zip Code _____

Signature of credit card holder _____ Date _____

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

*Handwritten Signature Required

Office Use Only

Charges Processed: Date: _____ Initials: _____ Letter Sent: Date: _____ Initials: _____

Revised 5/11/22