

REQUEST FOR LETTER OF GOOD STANDING

Date: _____

Student Name: _____

Student I.D. Number: _____

Grade Level:

1st Year _____ Upper Level _____

Program Information:

Contact Name: _____

School Name: _____

Address: _____

City, State, Zip Code: _____

Full Program Name: _____

Check One:

Visiting: _____ Transfer: _____

Semester/Term: _____ School Year: _____

OFFICE USE ONLY:

Date Picked-up: _____

Date Mailed: _____

Initials: _____