

Request for Letter of Enrollment

Please allow five (5) business days to process <u>all</u> requests.

Name (Please Print):			
Last	First	Middle	Home or Cell Phone Number
WIN or last 4 of Soc	ial Security Number	Date of Birth	
Please respond to the following	questions. This informat	tion will help to proce	ss your request.
Which Program are you Currently Enrolled	in? When did	you Start? (Month/Year)	
Request is for: EmployerInsurance	companyLand	lord/Mortgage Compa	nny Other:
Is there any specific information	that you need included	with this letter?	
Student Will Pick-up Letter? Please provide picture ID when p		Letter should be mail (provide contact information)	ed/faxed to:
If someone other than the studen letter, please note that a signed re must be shown in order to release	elease by the student		
Student Signature:			Date:
(Your signature is required to re	lease student record info	rmation)	
			Processed:

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