



## Request for Letter of Enrollment

Please allow five (5) business days to process all requests.

Name (Please Print): \_\_\_\_\_  
 Last First Middle Home or Cell Phone Number  
 \_\_\_\_\_  
 WIN or last 4 of Social Security Number Date of Birth

Please respond to the following questions. This information will help to process your request.

Which Program are you Currently Enrolled in? \_\_\_\_\_  
 When did you Start? (Month/Year) \_\_\_\_\_

Request is for:  
 \_\_\_ Employer \_\_\_ Insurance Company \_\_\_ Landlord/Mortgage Company Other: \_\_\_\_\_

Is there any specific information that you need included with this letter?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Student Will Pick-up Letter?  Yes  No Letter should be mailed/faxed to: \_\_\_\_\_  
**Please provide picture ID when picking up letter** (provide contact information) \_\_\_\_\_  
 \_\_\_\_\_

**If someone other than the student is picking up the letter, please note that a signed release by the student must be shown in order to release the letter.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Your signature is required to release student record information)

Processed: \_\_\_\_\_