



*Preparing people to lead extraordinary lives*

# Request for Letter

Name (print): \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Date: \_\_\_\_\_ e-mail: \_\_\_\_\_@luc.edu

Have you applied for graduation Y / N If Yes, what term ? \_\_\_\_\_

## Type of Letter Requested:

<input type="checkbox"/>	Verification of Enrollment	<input type="checkbox"/>	Verification of Graduation	<input type="checkbox"/>	Invitation to Graduation
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## Delivery method (please check one):

<input type="checkbox"/>	Pick up	Undergraduate Program Office Maguire Hall, Suite 220, WTC
<input type="checkbox"/>	Fax Number:	ATTN: (name, title)
<input type="checkbox"/>	Email :	ATTN: (name, title)
<input type="checkbox"/>	Mail to Address:	
	Street Address:	
	City, State, Zip:	

Comments:

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By signing this form you are authorizing the School of Business to release your personal information to the party you have indicated above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_