REQUEST FOR LETTER OF GOOD STANDING

Name: ________________________________ Date: __________
(Print Last, First, Middle)

Please send a Letter of Good Standing to:

Name: ________________________________

Address: ________________________________

City: ________________ State: ______ Zip: ______

Name: ________________________________

Address: ________________________________

City: ________________ State: ______ Zip: ______

Student Signature: __________________________

Letter of Good Standing Fee: $10.00

Letter of Good Standing fees must accompany requests. Requests will usually be processed within 5 days after receipt of this form. The fee for expedited letters is $10.00 per letter. Charges for overnight or priority shipping are an additional $20.00 per address.

Total Paid: ________ Paid by: Cash________ Check No. ________

Office Use Only
Admin
Assoc. Dean
Registrar