

# Office of the Registrar

Documentation Request

**Please Print**

**To:** Phyllis Lloyd, Registrar

**From:** Name \_\_\_\_\_

Student Id # \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Daytime Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Program \_\_\_\_\_

1. Document needed:
- Enrollment Verification
  - Letter of Good Standing
  - Graduation Confirmation
  - Other \_\_\_\_\_

2. Send by:  Mail To: \_\_\_\_\_  
Organization / Business Name

Attention

**OR**

Address

City

State

Postal Code

Send by:  Fax To: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Attention: \_\_\_\_\_

**Note: Please verify you have provided a COMPLETE address and/or working fax number!**

3. Check if applicable:

- Please include attached paperwork.
- Please include an unofficial copy of my transcript.
- Please include an official copy of my transcript. *(Only available with mailed option)*

4. Signature \_\_\_\_\_

5. Date \_\_\_\_\_