OFFICE OF STUDENT ASSISTANCE
LETTER REQUEST FORM

STUDENT ID NUMBER

LAST NAME

FIRST NAME

MIDDLE

STREET ADDRESS/P.O. BOX

CITY

STATE

ZIP

DAY TELEPHONE NUMBER

EVENING TELEPHONE NUMBER

MOBILE/CELL NUMBER

E-MAIL ADDRESS

If this is a new address/phone #, please indicate what you would like to be updated on your record

[ ] Address

[ ] Telephone

*IF YOU HAVE FILED FOR GRADUATION, PLEASE NOTIFY THE DEGREE AUDIT OFFICE OF THESE CHANGES*

GRADES CANNOT BE REQUESTED ON THIS FORM.

PLEASE ALLOW 7 WORKING DAYS FOR PROCESSING.

IF YOU HAVE A COLLECTION, FINANCIAL AID, LIBRARY, HEALTH CARE, OR STUDENT ACCOUNTS HOLD, THIS LETTER CANNOT BE PROCESSED.

DIVISION:

[ ] UNDERGRADUATE (01)

[ ] GRADUATE (02)

[ ] DOCTORAL (05)

SEMESTER:

[ ] Fall

[ ] Spring

[ ] Summer I

[ ] Summer II

LETTER TO BE ADDRESSED TO:

NAME

COMPANY NAME (IF APPLICABLE)

FAX TELEPHONE NUMBER

STREET NUMBER AND NAME

APT NUMBER

CITY

STATE

ZIP CODE

INFORMATION REQUESTED: (Current semester enrollment can only be verified once payment has been made.)

Request Type:

Enrollment Verification (EMPL) [ ]

Awarded Degree (DEGR) [ ]

Statement of Accounts [ ]

Current Term

Graduation Date

Current Term

Graduation Term

Semester Dates

Degree

Tuition Assessed

Enrolled Hours

Major

Registered Course

Full of Part time

Total Credits

Expected Graduation

OTHER: ___________________________________________________________________________________

[ ] NO HOLDS (SOAHOLD)

OSA STAFF ____________________________ DATE ____________

[ ] RECEIVED – TGACOMC SCREEN UPDATED

OSA STAFF ____________________________ DATE ____________

[ ] SENT – TGACOMC SCREEN UPDATED

OSA STAFF ____________________________ DATE ____________

FOR OFFICE USE ONLY

STUDENT’S SIGNATURE ____________________________ DATE ____________

[ ] FAX ____________________________

[ ] MAIL

[ ] PICK UP

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