Request for Letter of Enrollment
Please allow two (2) business days to process all requests.

Name (Please Print):

Last ______________________________ First ____________________ Middle ____________________ Student WIN (Student ID#)

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) ____________ Are you a Part-Time OR a Full-Time Student? ____________

Request is for:  

☐ Employer  ☐ Insurance Company  ☐ Landlord/Mortgage Company  ☐ Other: __________________________

Is there any specific information that you need included with this letter (please explain)?

______________________________________________________________________________________________________________________________________

Student Will Pick-up Letter?  ☐ Yes  ☐ No

(Phone # to contact you when letter is ready to pick-up?):

______________________________________________________________________________________________________________________________________

Letter should be mailed/faxed to (provide contact information):

______________________________________________________________________________________________________________________________________

Student Signature: __________________________________________________________ Date: ________________

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