GENERAL LETTER REQUEST FORM
Department of Computer Science

Student Information

Date: ______________________

Last Name: ____________________  First Name: ______________________

Student ID# ____________________

Address: _______________________________________________________
        (Street)                                                      (City/State)                  (Zip Code)

Phone Number: ____________________       E-mail: ____________________

Letter Information (please check one)

( ) Enrollment Verification  ( ) Degree Verification
( ) Permission to Take Course Elsewhere  ( ) Other

Company/Agency Name: ____________________________________________

Address: _______________________________________________________
        (Street)                                                      (City/State)                  (Zip Code)

Contact Name: ____________________       Phone/Email: ____________________

Letter Information/Reason: _______________________________________

_________________________________________________________________

( ) Student Pick Up
( ) Mail Directly to Company/Agency