



Preparing people to lead extraordinary lives

Request for Letter

Name (print): _____ Student ID Number: _____

Date: _____ e-mail: _____@luc.edu

Have you applied for graduation Y / N If Yes, what term ? _____

Type of Letter Requested:

<input type="checkbox"/>	Verification of Enrollment	<input type="checkbox"/>	Verification of Graduation	<input type="checkbox"/>	Invitation to Graduation
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Delivery method (please check one):

<input type="checkbox"/>	Pick up	Undergraduate Program Office Schreiber Center, Suite 320, WTC
<input type="checkbox"/>	Fax Number:	ATTN: (name, title)
<input type="checkbox"/>	Email :	ATTN: (name, title)
<input type="checkbox"/>	Mail to Address:	
	Street Address:	
	City, State, Zip:	

Comments:

By signing this form you are authorizing the Quinlan School of Business to release your personal information to the party you have indicated above.

Signature: _____ Date: _____