

Letter Request Form

Office of Student Services

100 N. Tucker Blvd. St. Louis, MO 63101-1930 (314) 977-3312 (Phone) (314) 977-2030 (Fax)

| Name: | Banner ID #: |
|---|-------------------------------------|
| Address Letter to: | |
| (Name of Person and/or Institution) | |
| PURPOSE OF LETTER: | |
| Student Loan Deferment | |
| Insurance | |
| Employment | |
| Transfer to Another School | |
| Transient Status - Visit Another School (Approval Needed) | |
| Summer School Elsewhere (Approval Needed) | |
| Other (Specify): | |
| INFORMATION TO BE INCLUDED IN LETTER: | |
| Verification of Full-time Status (12 Hrs. Required to Be Consi | dered Full Time) |
| Statement That Student is in Good Standing | |
| Anticipated Graduation Date of: | |
| Other (Specify): | |
| ENCLOSURES TO BE SENT WITH LETTER: | |
| Copy of Current Percentile Table for Class Of | |
| Other (Specify): | |
| MAILING INSTRUCTIONS | |
| Pick up in Student Services; Please provide e-mail/phone # for notification when document is ready: | |
| Mail to: | |
| PLEASE ALLOW AT LEAST TWO BUSINESS DAYS FOR PROCESSING. | |
| If faster processing is needed, please indicate date needed and we will at NEEDED BY: | ttempt to accommodate your request. |
| Student Signature | Date |
| Please return completed form to Monica Kimbrell in the Student Services Office, or e-mail to mkimbrel@slu.edu | |
| STUDENT SERVICES OFFICE USE ONLY | |
| Date Done By: | |
| Comments: | |

Revised: 07/02/2013