

Admissions Letter Request Form

Name: _____

Date of Birth: _____ **Student ID Number:** _____

Email: _____ **Phone Number:** _____

I affirm that I have read, understand, and agree to this form in its entirety and that the information supplied is true and complete.

Signature: _____ **Date:** _____

Your request for a copy of your acceptance letter can be fulfilled via mail or in person. Please complete this form; once submitted, it will take 24 to 48 hours to process.

Please choose one of the following:

___ **Mail:**

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

___ **In Person Pick Up:**