Student Letter Request

Glendale Community College
International Student Program
1500 N. Verdugo Road
Glendale, CA 91208-2894
(818) 240-1000, ext. 5439 or 6645

STAFF – DO NOT release letter:

- ❑ Missing ISO Contract
- ❑ Need copy of a valid F-1 visa/ passport
- ❑ Need to submit Change of Address Form
- ❑ Other:_____

_____

STUDENT INFORMATION (*Please print*):

Today's Date:_____
Month Day Year

Student ID#:_____

Date of Birth:_____
Month Day Year

( ) Mr. ( ) Ms. _____
Family (Last) Name First Name Middle

Local U.S. Address:_____
Number and Street Apt. # City State Zip Code

Telephone Number:_____ E-mail Address:_____

TYPE OF LETTER REQUESTING (*Check one*):

*Please note: there is a **$5 fee for each copy** of the enrollment verification letter. Do NOT submit this request until you are enrolled in all classes for which you want verification (waitlisted classes will not be included).*

❑ **Enrollment Verification** for this term/ year: **WI _____/ SP_____/ SU_____/ FA_____**

Letter to be addressed to (*i.e.: American Embassy Tokyo*): _____

❑ **Enrollment & Tuition Verification** for this term/ year: **WI _____/ SP_____/ SU_____/ FA_____**

Letter to be addressed to (*i.e.: American Embassy Tokyo*): _____

❑ Letter to apply for a **Social Security Number (***include copy of Job Placement Offer Letter***)**

❑ Other (*describe what you need*): _____

I AUTHORIZE GLENDALE COMMUNITY COLLEGE TO RELEASE THE FOLLOWING INFORMATION. THE DESIGNATED RECIPIENT IS CHARGED NOT TO RELEASE THIS INFORMATION TO UNAUTHORIZED THIRD PARTIES, AND OFFICIALS OF GLENDALE COMMUNITY COLLEGE ARE HEREBY RELIEVED OF RESPONSIBILITY SHOULD SUCH CHARGE BE VIOLATED. _____ ***(Student Initials)***

METHOD OF RECEIPT (*Check one*):

❑ I will pick up this letter from the International Student Program Office.

❑ I authorize _____, my _____, to pick up this letter on my behalf.
(*full name of person*) (person's *relationship to you*)

❑ Please FAX to this number (*There is a **$5 fee** for international faxes, up to 5 pages*): _____

_____ _____
Signature of Student Date

FOR OFFICE USE ONLY:

Payment Received: ❑ $5 ❑ $10 ❑ $_____ by Staff:_____. Date:_____.

Last Sem Units:_____. Curr Sem Units:_____. Addr Curr? ❑ Y ❑ N

Processed by (initials):_____. Date:_____.

Released by (initials):_____. Date:_____.

GLENDALE COMMUNITY COLLEGE

Revised 8-31-2010