JAMES MADISON UNIVERSITY

Office of the Registrar

MSC 3528 • Harrisonburg, VA 22807 • (540) 568-6281 ph • (540)568-7954 fax

Letter Request

Full Name: _____
first middle last (maiden)

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

Phone #: _____ **Email:** _____

Please select one type of letter:

- 0 **Verification of Enrollment**
  Semester(s): _____
  Anticipated graduation date:
  _____
- 0 **Degree Verification**
  Degree: _____
  Year: _____
- 0 **Class rank**
  Current student? 0 Yes 0 No

Mailing address/Fax number for letter:

_____

_____

_____

_____

_____

Other Information needed: _____

Signature: _____ **Date:** _____