



Letter Request Form

Step 1: Print the form.

Step 2: Completely fill out the form and sign it. Failure to comply will result in delays.

Step 3: Fax to (802) 258-3470 or mail to:
 Office of the Registrar, SIT
 P.O. Box 676, Brattleboro, VT 05302-0676

Please Note.

You must sign the form. Third-party requests are not accepted without a valid Power of Attorney. Letters may be faxed.

Current Name: _____
(Last Name) (First Name) (MI)

While Enrolled: _____
(Last Name) (First Name) (MI)

Address: _____
Street Apt. #

Date of Birth: _____
(month / day / year)

City State Zip

Social Security # (Optional) _____

E-mail: _____

Is This Address Permanent? Yes No

Home Telephone #: _____

If not please provide dates of validity:

Program Attended: _____

(month / day / year) - (month / day / year)

Dates/Semester Attended: _____

Reason for Letter Request:

- Enrollment Verification** Semesters to be verified: _____
 Anticipated date of graduation (if applicable): _____
- Completion of Program** Date of graduation: _____
- Other** (please explain) _____

Please send letter(s) to:

Name of Business/School or Person	Name of Business/School or Person
Address Line 1	Address Line 1
Address Line 2	Address Line 2
City State Zip	Country City State Zip Country
Fax Number: _____	Fax Number: _____

Number of copies per address: _____ *Please include additional addresses on a separate sheet of paper. You do not need to complete another form.*

Signature (required): _____ **Date:** _____