

**CUSSW
REQUEST FOR A LETTER FORM**

If you require a letter verifying your student status for jury deferment, or health insurance purposes, etc., please provide us with the following information and **return the form to 1255 Amsterdam Avenue Room 531.**

Today's Date: _____

Your ID Number (SSN): _____

Your Name: _____

Your Phone: _____

Your Expected Date of Graduation: _____

Your Signature: _____

PLEASE NOTE: We do not write "To Whom It May Concern" letters. Please provide us with the following information:

Address the letter TO: _____

Company Name(If any): _____

Address: _____

_____ **Zip Code:** _____

If you would like us to fax this letter, please provide us with a Fax Number:

Area Code: () _____

What would you like us to say in the letter? _____

The letter should be: (Check One)

_____ **Sent directly to the address above and a copy placed in your mail folder.**

_____ **Placed in the Student's Mail Folder for delivery by the student.**

Letters will be completed within 5 business days. **NOTE: Letters/documents requiring the Columbia University seal should be requested from the REGISTRAR'S OFFICE, Room 205 Kent Hall.**