



Acceptance/Enrollment Verification Request

Student's Name: _____ Date of Request: _____

San Juan College Student ID#: _____

For Semester: (circle one) **Spring** **Summer** **Fall** Year: _____
(January-May) (May-July) (August-December)

Do you need any special information included in your letter? If yes, please specify:

Please choose one of the following:

Pick up your letter Mail to the following (name and address): _____

(\$10.00 Fee) Fax to: _____

Student Signature: _____

For Office Use Only!	Date Processed: _____	By: _____	Receipt# _____	Fax Fee: \$ _____	10/07/09
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