



### 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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