

Request for a Letter of Enrollment

Students may request a letter of enrollment for any term in the academic year. The letter includes the student's name, student identification number, term dates, course registration for the term, expected graduation date, and credit status. It does not include grades. The letter of enrollment is signed by the Registrar. It may be sent directly to third parties or to students in a signed, sealed envelope. There is no charge. Requests for a letter of enrollment ordinarily are processed within a five-day period from the date of receipt; however, it may take longer to process requests during busy periods.

Instructions for Ordering a Letter of Enrollment

- Print all requested information legibly and in ink.
- Indicate the type(s) of letter(s) requested.
- Provide exact names and complete addresses of recipients where appropriate.
- Sign the form where indicated.
- Submit completed form(s) by mail, fax, or in person to the above address. Telephone and e-mail requests are not accepted.
- Letters of enrollment cannot be emailed.

Please Provide All Information Requested

Legal name: _____

First

Middle

Last

Address: _____

City _____ State _____ Zip/Postal code _____ Country (if not US) _____

Daytime telephone number (____) _____ - _____ Ext. _____

Year Select a term: Fall Spring Summer Intersession

I authorize release of my enrollment information for the specified year and term to the recipient below.

Student signature (required): _____ Date: _____

Indicate the Type(s) of Letter(s) of Enrollment Requested

- Official copy sent to the student's current mailing address in a signed and sealed envelope for forwarding to a third party. Number of copies needed _____.
- I prefer to pick up my above letter of enrollment when my letter of enrollment is ready.
- Official copy sent directly to a third party. Print complete name and address of third party recipient below. Complete a separate request for each recipient.

Recipient name: _____

First

Middle

Last

Address _____

City _____ State _____ Zip/Postal code _____ Country (if not US) _____

Number of copies to be sent to this recipient _____

AMERICAN INTERNATIONAL COLLEGE

Office of the Registrar

1000 State Street | Springfield, MA 01109 | 413.205.3212

www.aic.edu