Request for Letter of Recommendation and/or Academic Records Verification from Dr. Brian Smith

[Letters and Verifications will generally take 2-3 business days to process.]

Student ID Number:		Date:
Student's Name:		
[Last Name]	[First Name]	[Middle Name (if applicable)]
Phone:	E-mail:	
When will you need the Rec		(Date: MM/DD/YY)
	ould like Brian to include in the R	ecommendation Letter.
	IMPORTANT: nitting Common Applications (or tion of Academic Records, pleas	r other types of applications) that e refer to the following section.
Academic Advisor's verificat	ion on students' records. Brian Sm	tion for students' admission and may require ith handles this type of verification. You need the application form submitted with
Additional Information We I	<u>Need:</u>	
2. The letter/verification [Please check with th3. If Brian needs to send	e institution how to handle the Br	□ sent to the institution(s)
legibly below:	(Name of Institution)	
	(Street and/or Office Location)	
	(City, State, ZIP)	

** Note: Students are responsible to provide ALL required information for us to process the request! **