## **MERIT UNIVERSITY**



3699 Wilshire Blvd. Ste. 970 Los Angeles, CA 90010

## STUDENT LETTER REQUEST FORM

## **INSTRUCTIONS:**

LETTER REQUES	ST: Please select the type of l	etter you would	like to request. Complete the required	
information belo	w for the letter you are reques	ting. Pick up your	letter 5 full business days after you submit	
the request with payment.				
☐ Enrollment Verification				
☐ Invitation/Supporting Letter (to US Consulate/US Embassy)				
☐ Social Security Letter (to Social Security Administration Office)				
□ Other Letters				
Please provide information on the type of letter you need from our office and provide any pertinent				
information for accuracy of the letter. (To Whom, Purpose, & Duration, etc.)				
I. STUDENT INFO	ORMATION			
Last Name:		First Na	First Name:	
Program/Major:		Student	Student ID:	
Program Start Date:		Expecte	Expected Graduation:	
Phone Number:		Email A	Email Address:	
Mailing Address:				
и то мном.				
II. TO WHOM:				
III. PURPOSE / OTHER PERTINENT INFORMATION:				
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IV IINDERSTAN	DING AND AUTHORIZATION			
I understand the		•		
1. That the letter I am requesting may contain personal information including my legal status.				
2. That if I give incorrect information it will take and an additional 5 business days to receive an updated letter.				
<ol> <li>That my letter request will be denied if I do not provide all the requested information.</li> <li>That I must send a written request to MU for anyone other than myself to pick up my letter.</li> </ol>				
	ust send a written request to MU	for anyone other th	an myself to pick up my letter.	
Student				
Signature/date				
*Should you have a registrar@meritun		form, please contac	t the University. (Phone: 213-325-2760, email:	
V. RECORD				
FEE (\$10)	[ ] Credit Card	[ ] Cash	[ ] Check	
Registrar Signa	ature:		Date:	