



Letter Request

8432 Magnolia Ave., Riverside, CA 92504 (T) 951.343.4566 (E) registrar@calbaptist.edu

Full Name: _____ ID# (if unknown, use SSN): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-mail address: _____

Program: Undergraduate Graduate Doctorate

Letter should include the following information:

Additional form attached

Statement of Completion*

Other: _____

** Only issued if a student has an approved graduation application and all degree requirements are complete.*

Distribution Method:

(please select only one):

Mailed Name: _____

Address: _____

City/State/Zip: _____

Emailed Email address: _____

Faxed Fax No. _____

I understand that letter request processing is typically 3-5 working days after form has been received. I may be contacted to provide additional information/documentation if needed. Letter requests will not be processed without the signature of the student.

Student signature: _____ **Date:** _____

Office Use Only:

Date Form Received: _____

Date Completed: _____ Initials: _____

Comments: _____
