



LOYOLA
UNIVERSITY CHICAGO

QUINLAN SCHOOL OF BUSINESS

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Request for Letter

Name (print):

Student ID Numer:

Date:

E-mail:

@luc.edu

Have you applied for graduation?

Yes

No

If Yes, what term?

Type of Letter Requested:

Verification of Enrollment

Verification of Graduation

Invitation to Graduation

Delivery Method (please check one):

Pick up

Undergraduate Program Office
Schreiber Center, Suite 320, WTC

Fax Number:

ATTN (name, title):

E-mail:

ATTN (name, title):

Mail to Address:

Street Address:

City, State, Zip:

Comments:

By signing this form you are authorizing the Quinlan School of Business to release your personal information to the party you have indicated above.

Signature:

Date: