



THE JOHN MARSHALL LAW SCHOOL

Special Letter Request Form

Name: _____ Date: _____

Student ID Number : _____ Phone Number: _____

Special Letter to Verify (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Date degree was awarded | <input type="checkbox"/> Anticipated Graduation Date |
| <input type="checkbox"/> Program of study | <input type="checkbox"/> Tuition Reimbursement (includes: completed courses and grades
Indicate term(s) needed: |
| <input type="checkbox"/> Credit hours earned | <input type="checkbox"/> Enrollment Verification |
| <input type="checkbox"/> GPA | Other (indicate below) |

Please explain what information you need in the letter and any other special instructions:

Send letter to: Name/Business: _____

Email address: _____

or

Mailing Address: _____

Your signature: _____

I am providing my digital signature and authorization by checking this box and including my full name

Full Name: _____ Date: _____

Return the completed form to the Academic Service Office or email to AcademicServices@jmls.edu