## **Enrollment Verification/Letter of Good Standing Request Form**

Name (print):				
Date of Request:				
Student ID #: 0000		_(Required)	Class Year:	
Telephone Number:	()	 red	Email:	
<b>Type of Document R</b> (Enter quantity)	equested:		ertification of Enrollment	
	_Other- Please	list your requ	est below and be as specific as	possible.
This is a document fo	Transfer out of the Law School Insurance Applying to a graduate program at Loyola			Other
Delivery Method:				
MAIL TO:				
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YES, I will pi	ick up the lett	er.		
Student Signature:				