



UNIVERSITY OF HOLY CROSS

Office of the Registrar - 4123 Woodland Drive, New Orleans, LA 70131

(504) 398-2235 - registrar@uhcno.edu

LETTER REQUEST FORM

Name: _____
Last First M.I.

Date of Birth: _____ Student ID: 000 - _____ - _____

Phone: _____ Email: _____

Letter Needed:

Enrollment Verification Good Standing Non-Attendance Other: _____

Method of Delivery: Mail Fax Email Hold for pick-up

Please provide the mailing address, fax number (including area code), or email address you would like your letter sent to:

Student's Signature

Date

REGISTRAR'S OFFICE USE ONLY:

Processed by

Date