

Registrar's Office: ph. 303-357-5845, 6399 S. Santa Fe Dr. Littleton, CO. 80120, [registrar@denverseminary.edu](mailto:registrar@denverseminary.edu), fax: 303-783-3122

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

**The letter should contain the following information:**

- Enrollment Status (Full time/Half time/ Less than Half time)
- Number of credit hours registered during \_\_\_\_\_ semester (Please specify)
- Good academic standing
- Current enrollment degree and major
- Dates of attendance
- Degree Awarded
- Graduation date
- Current address
- Other (Please specify) \_\_\_\_\_

**Letter Recipient Information:**

*Send letter to the following address:*

\_\_\_\_\_  
*Institution or company*

\_\_\_\_\_  
*Person and/or Department*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City*    *State*    *ZIP*

**Email Recipient Information:**

*Email letter to the following address:*

\_\_\_\_\_  
*Institution or company*

\_\_\_\_\_  
*Person and/or Department*

\_\_\_\_\_  
*Email Address*

**Hold letter for pickup in Registrar's Office**

**Student's Authorizing Signature\*:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\* In accordance with the Family Educational Rights and Privacy Act (FERPA) your signature is required to authorize release of your information.

For office use only	Completed by: _____	Date Received: _____	Date Processed/Sent: _____
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