



ALVERNO
COLLEGE

Letter Request

Student ID or SSN: _____

Name: _____ Previous Names: _____

Street Address: _____

City: _____ State: _____ ZIP: _____ Phone: _____

Email: _____ Date of Birth: _____

My signature authorizes the Registrar's Office to release the information listed below:

Signature: _____ Date: _____

Purpose of Letter: _____

Please write the necessary information that should be included in the letter:

Select One:

- Pickup Mail to me at address above Email to me at email address above
Mail to another person at address below Email to another person at email address below

Mail to (include name and address of recipient):

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

OR email to:

Name of recipient: _____

Email address: _____

Submit this form to the Registrar's Office in FO144 or use one of the methods listed below:

Registrar's Office

Alverno College
PO Box 343922
Milwaukee, WI 53234-3922

Phone: 414-382-6370
Fax: 414-382-6478
registrar@alverno.edu

OFFICE USE ONLY

Date Received: _____

Initials: _____

Date Completed: _____