



# Letter Request Form

Revised: 08/23/11

This form must be completed in full. You may mail this request to 1200 Sycamore, Waxahachie, TX 75165, attention Registrar's Office or fax this request to 972-923-8151. **This is not a transcript request form.**

Information contained in student records is *confidential* and is issued only at the written and signed request of the student. The Registrar's Office does not release documents or copies of documents that are a part of the student record. All mailed letters are sent via regular postal service.

### Please Print Clearly

Last Name	First Name	Middle Name	Other/Maiden
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Present Address

City	State	Zip	( ) Current Phone Number
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Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Last Enrolled at SAGU: ( ) Fall ( ) Spring ( ) Summer Year: \_\_\_\_\_

Date of Birth \_\_\_\_\_ (e.g. MM/DD/YYYY)

Letter Details: Write a brief description of the letter you need and for what purpose. (Please Note: We can only include factual information reflected in your academic record. Questions about discipline and conduct are handled by the Vice President for Student Services office. Students requesting a SAGU transcript must do so through [www.getmytranscript.com](http://www.getmytranscript.com) or the Transcript Request form.)

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\_\_\_\_\_  
\_\_\_\_\_

<b>Send Letter To:</b> _____ _____
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I authorize Southwestern Assemblies of God University to release information in my academic record pertaining to my request to the stipulated recipient and to contact me through the address, email address, or phone number indicated above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<u>Office Use Only</u>			
_____/_____/_____ Date Sent	<input type="checkbox"/> Copy to File	<input type="checkbox"/> Doc Tracking	Initials: _____
Notes: _____			