



GALEN
UNIVERSITY

Office of the Registrar
▪ Tel: (501) 824 - 3226

Application for Student Confirmation Letter

Student Information

Full Legal Name: _____
Last Name First Name Middle Maiden Name

Current mailing address: _____
Number and Street Town/ City District/ State Zip Country

Student ID No.: _____ Telephone: _____

Major: _____ Minor (If applicable): _____

Currently Enrolled: Yes No

Special Instructions (check/complete all that apply)

- To be received in person
- To be mailed
- To be sent electronically to Loan Officer, Employer, etc.

Recipient Mailing Address

Kindly provide the complete address.

Name and/or Title: _____

Name of University/ Bank/ Business: _____

Mailing Address: _____
Number and Street Town/ City District/ State Zip Country

Email Address: _____

Purpose for request (please check one)

- Scholarship/grant Visa
- Employment verification Other _____
- Student loan

Information Needed: _____

Student Signature (required for release of information) _____ **Date:** _____

Registrar's Office Use Only:

Request Date: _____ Date Completed: _____ By: _____