



Student Letter Request

All Students **must** provide the following information:

_____	_____	_____
Last Name	First Name	RU ID Number
_____	_____	_____
Email address	Phone number	Today's Date
_____	_____	_____
Major	Program Start Date (month & year)	Expected Graduation Date (month & year)
Male	Graduate	
Female	Undergraduate	

LETTER REQUEST: Please select the type of letter you would like to request. See reverse for more options. Complete the required information below for the letter you are requesting. Pick up your letter 5 full business days after you drop off the request.

GOOD STANDING LETTER

CONFIRMS ENROLLMENT FOR CURRENT SEMESTER, PROGRAM START DATE, AND EXPECTED GRADUATION DATE. CHECK ONE OF THE FOLLOWING IF YOU NEED ADDITIONAL INFORMATION ADDED TO THE LETTER

Confirm previous enrollment and dates of enrollment

Pre-registration for upcoming semester

Tuition/fees for current semester

Visiting other Country (What Country) _____ (Dates) _____

Army Letter Letter

You MUST provide information to WHOM and WHAT the letter is for. Your letter request will be denied if you do not provide this information.

To WHOM: _____

PURPOSE: _____

TURN OVER FOR MORE OPTIONS →

SOCIAL SECURITY

Social Security Letters are used to apply for a social security number (for employment purposes). You MUST have a job offer AND work authorization from OIP in order to apply for a SSN.

Social Security Administration (SSA) will process SSN applications for on-campus or CPT work no more than 30 days prior to the job start date.

For OPT, SSA will process the application only after the start date listed on the I-20 and EAD Card. Please indicate your start date so that it will be included in the letter.

On-Campus Employment (please provide copy of work authorization and the following information)

Employer (office/department)

Job Title

Start date
(month/day/year)

Off-Campus Employment (CPT/OPT – first time employment)

Please provide copy of I-20 authorization:

Attached On File

Start date (month/day/year)
listed on your I-20 and/or EAD Card

OTHER LETTER

Please provide information on the type of letter you need from our office and provide any pertinent information (for example: for letters of recommendation, please provide the name, company, and address where letter should be sent when complete, why you need the letter, form, and any important honors/accomplishments/experience that we could highlight)

To WHOM: _____

PURPOSE: _____

I understand the following:

1. that the letter I am requesting may contain personal information including my legal status.
2. that if I do not pick up my letter in a timely manner, I cannot request the same letter again.
3. that if I give incorrect information it will take an additional 5 business days to receive an updated letter.
4. that my letter request will be denied if I do not provide all the requested information.
5. that I must send a written request to OIP for anyone other than myself to pick up my letter.

Do Not Write Below This Space – Comments for OIP Staff ONLY!

_____ Request Completed on _____

_____ Requested More Info on _____

_____ Cannot Complete Request (reason): _____

OIP Comments: