Employer Reimbursement - Grade Letter Request

ADEF Students

60 West Olsen Road #1325, Thousand Oaks, CA 91360
Phone: (805) 493-3105  Fax: (805) 493-3106  www.callutheran.edu.registrar

Processing time: 3-5 business days

Student’s Name:

Last                      First                      Middle I.

Address:

Number and Street          City                      State                      Zip

e-mail: ________________________  Phone #: ________________________

Check appropriate term:
☐ Fall  ☐ Winter
☐ Spring  ☐ Summer

Degree / Major: ________________________

Information to be included in the letter (check all that apply):
☐ Date coursework completed
☐ Grades
☐ GPA
☐ Other: ____________________________________________________________

☐ Pick up letter at Registrar’s office. **You will be notified via phone when ready.**

☐ Fax letter to: Name ________________________ Fax #: ________________________

☐ Send letter to:

Name

Address

City                      State                      Zip

ID#: ________________________  Student Signature: ________________________  Date: ________________________

CLU Registrar’s Office Use Only:

Date processed: __________

Initials: __________