



The College at
BROCKPORT
 STATE UNIVERSITY OF NEW YORK

OFFICE OF STUDENT ACCOUNTS LANDLORD LETTER REQUEST FORM

Student Name: _____

Student ID Number: _____

Semester letter is requested for: _____

Note: Issued only for the *current* semester *and* if *valid EXCESS* financial aid exists.
 Requests for future semesters will be processed two weeks before the semester starts.

Landlord Name: _____

Landlord Address: _____

Mail letter to Landlord? _____

Student to pick up letter? _____

Please allow 48-hour processing time for this letter.

Student's Signature: _____

Student's Telephone: _____

Date Requested: _____

TO BE COMPLETED BY STUDENT ACCOUNTS STAFF:

Date letter mailed: _____

Date letter picked up: _____

Completed by (staff signature): _____

Date: _____

(06/09/08)