



VERIFICATION LETTER

YOUR INFORMATION	ADDRESSEE'S INFORMATION
SS# / ID#	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
NAME	NAME / COMPANY
ADDRESS	ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP
PHONE	PHONE
EMAIL	FAX
<input type="checkbox"/> FULL-TIME <input type="checkbox"/> HALF-TIME <input type="checkbox"/> PART-TIME	DELIVERY METHOD: <input type="checkbox"/> FAX <input type="checkbox"/> MAIL
TRIMESTER _____	

COMMENTS / PURPOSE OF LETTER:

This letter will be processed within 5-7 business days. All letters are printed on University of New Haven letterhead.