

ALP Document Request Form

Family Name: _____ **First Name:** _____

Net ID: _____ **Date of Birth (MM/DD/YYYY)** _____

Phone: _____ **Horizon Email Address:** _____

Signature: _____ **Date (today):** _____

What kind of document is needed?

- Certificate of Attendance for** _____
- Verification of Enrollment for** _____
- Verification of Application for** _____
- Employment Eligibility (requires DSO signature)**
- Family Visit Letter Request:**

<i>Last Name</i>	<i>First Name</i>	<i>Date of Birth</i>	<i>Relationship</i>	<i>Dates of visit</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- Other (explain):** _____

How should we deliver the document?

I will pick up the document: Pick-up Date: _____ Pick-up Time: _____

Email a scan to: _____

Fax the document to: _____

Mail the document to: _____

Additional comments or instructions: _____