

## International Student Services Letter Request Form

### I. Student

Last (Family) Name:		First (Given) Name:		Date:
Student ID:		SEVIS ID (from your I-20):		
CCP Email Address:		Other Email Address:	U.S. Phone Number:	
U.S. Address:		City:	State:	Zip Code:
Date of Birth (MM/DD/YYYY):				
Country of Citizenship:		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		
Semester you started at CCP:		Semester expected to Graduate:		Major:
Type of Letter Requested : <input type="checkbox"/> Enrollment Verification <input type="checkbox"/> Driver's License/State ID <input type="checkbox"/> Visa Renewal <input type="checkbox"/> Social Security Number (attach Employment Letter) <input type="checkbox"/> Family Visit (Please complete bottom section) <input type="checkbox"/> Other _____				
Please select one of the following: <input type="checkbox"/> F-1 Visa <input type="checkbox"/> Other Visa				

#### Family Visit Request:

Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Country of Citizenship: \_\_\_\_\_  
 Dates/Length of Visit: \_\_\_\_\_  
 Reason for Visit: \_\_\_\_\_

Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Country of Citizenship: \_\_\_\_\_  
 Dates/Length of Visit: \_\_\_\_\_  
 Reason for Visit: \_\_\_\_\_

#### Please select:

☐ One Letter (With all names) ☐ Individual Letters (One per name)

### II. Office (Designated School Official)

Registered # of Credits:		SEVIS Status:
Processed By:	Date Processed:	Student Contacted:
DSO Signature: _____		Date: _____

**Submit this form to:** International Student Services Office • Community College of Philadelphia • Philadelphia, PA 19130  
 Email: [International@ccp.edu](mailto:International@ccp.edu) • Tel. No: 215.751.8863 • Fax No: 215.751.8895