



**International
Education Program**
college of san mateo

LETTER REQUEST FORM

Letters will be processed within 2-3 days from the time you submit your request.

Name: _____ **G#:** _____
First/Given Name Last/Family Name

Phone Number: _____ E-mail: _____
(e.g., (650) 574-6525)

I need a letter for (please check one):

- DMV
- Social Security Card application for an on-campus job
 - attach on-campus employment form verifying that you have been offered a job at CSM
- Social Security Card application for CPT or OPT
 - attach offer letter from employer
- Government or Military Service
- Concurrent enrollment at another non-SMCCD school
 - attach a description of the course(s) in which you intend to enroll at another school
- Family visa requests
 - include names and family relationship on back of this form
- Other (please specify): _____

My letter needs to have (check all that apply):

- Verification of current semester's enrollment at CSM
- Start and end dates of my program at CSM
- My local address - include current address on back of this form
- My date of birth My academic major
- Other (please specify): _____

By signing below, I give the CSM International Education Program my permission to release this information in the letter.

SIGNATURE: _____ **DATE:** ____/____/____

CURRENT ADDRESS – NEEDED FOR DMV LETTER

Address: _____
House number, Street name (e.g., 150 Main St.) Apt. # (e.g., #3B)

City (e.g., San Mateo) State (e.g., CA) Zip code (e.g., 94403)

FAMILY MEMBERS INTENDING TO TRAVEL – NEEDED FOR FAMILY VISA REQUESTS

Name: _____ Relationship: _____
First/Given Name Last/Family Name

Name: _____ Relationship: _____
First/Given Name Last/Family Name

Name: _____ Relationship: _____
First/Given Name Last/Family Name