



12750 Fair Lakes Cir,
Fairfax, VA 22033
Phone: +1 (571) 633-9651
Fax: +1 (703) 1-411-1111
www.uona.edu

Academic Service Request Form

Date: _____

Student Name: _____

First Name

Last Name

Middle Initial

Student I.D. _____ Program: _____

Address _____

City _____ State _____ Zip-code _____

Contact Number (____) _____

E-mail Address _____

Please Check Letter Requested:

- ☐ Enrollment Letter (currently enrolled)
- ☐ Course Letter (includes current courses)
- ☐ Address Verification (verifying address in student record)
- ☐ Degree Verification Letter (verifies degree(s) earned)-(UoNA-only)

(Please note: It is the responsibility of the student to keep his/her address current with the University).

Student's Signature

Date

Please indicate how you will receive letter:

- ☐ Pick-up
- ☐ Postal Service

***International Postal Charges will apply**

***Please Note: All letters will be completed within a 48 hour period. You will be emailed when letter is ready for pickup.**