

Form 1

Albert Career School STUDENT REQUEST FORM "1"

___ DENIED ___ APPROVED ___ \$ CURRENT
 By: _____ Date: _____
 Reason: _____
 Due Date: _____

Allow 3 Business Days to Process

Current Date: _____ (Complete all items)

Family Name: _____ First Name: _____
 Phone #: _____ Email: _____
 Student ID#: _____ Level: _____ day evening alternate
 Address: _____ (Street) _____ (City) _____ (State) _____ (Zip Code)

Select Request Type

- Driver's License Letter
- Duplicate I-20 (\$5 fee) explain why: _____
- Enrollment Verification Letter
- Letter of Recommendation Name of School: _____ Deadline: _____
- Transcript (\$5 fee)
- Tax Statement year: _____ explain: _____
- Identification Card ___ Original ___ Replacement (\$15 fee)
- Other: _____
- INTENT TO TRANSFER OR WITHDRAWAL** - Due before end of Semester or charged withdrawal fee of \$350
 Withdrawal Type: _____ Date: _____ Transfer In School: _____
 (Submit all paperwork before the end of the next semester registration period)

CHANGE OF STUDENT/DEPENDENT DEMOGRAPHIC INFORMATION

___ Student ___ Dependent ___ Student and Dependent
Only complete the information to be changed

	Old Information	New Information
Name **	_____	_____
Address #1	_____	_____
City, State, Zip	_____	_____
Phone #	_____	_____
Email	_____	_____
Marital Status **	_____	_____
Change of Status **	_____	_____

**** = Proof of Change Required**

PROGRAM EXTENSION (Attach new financial document)
 Explain: _____

This will certify that the information given on this form is complete and accurate to the best of my knowledge. I am fully aware that any false or misleading statement may result in the termination of my I-20 and/or legal action.

Student Signature: _____ Date: _____
 Approved by: _____ Date: _____

SCHOOL USE:
 Processed By: _____
 Date: _____
 Action: _____

