



Request for Degree Requirement Completion Letter

Office of the Registrar, Eckhart Hall 1ST Floor,
347 S. Gladstone Ave. Aurora, IL 60506
Phone: 630-844-5462 Fax: 630-844-5463
registrar@aurora.edu

STUDENT INFORMATION

Full Name: _____ Student ID: _____
Last Name, First Name Middle Name

Address: _____

City: _____ State: _____ ZIP: _____

Telephone Number: _____ AU Email Address: _____

Anticipated Graduation Date: _____

LETTER RECIPIENT INFORMATION

Institution or Business: _____

Attn: (Office or Individual) _____
(If unknown, please write "To Whom It May Concern")

Send letter via (check all that apply):

Postal Mail

Address: _____

City _____ State _____ ZIP _____

Number of copies to be mailed: _____

Email Email address(es): _____

Fax Fax Number(s): _____

Pick up Name of person picking up: _____
(Individual picking up must show valid photo ID. Pick up is at the Registrar's Office on the main Aurora Campus only.)

Additional notes (optional):

I approve of the release of a Degree Requirement Completion Letter to the above recipient(s).

Student Signature: _____ Date: _____