

# Lehman College

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Department of Nursing  
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## STUDENT REQUEST FOR LETTER/DOCUMENT Nursing Department Records

### Use for:

- Letter/documentation
- Reference Letter (Personal, Job, Internship)
- Verification of Attendance/Training
- Faculty completion of sectional data in Scholarship Application

### Check Your Current Status Below

- Generic/Accelerated-BS  
 RN-BS  
 Master's Program / Post Master's Cert  
 Special Program / Foreign Nurse  
 Pre-Nursing (HIN 268/269)  
 Alumni: Degree & Year \_\_\_\_\_

**Instructions:** Complete all information below and submit to Admin staff. This form will be forwarded to the Undergraduate Director or Graduate Director, then routed to the faculty member you want the reference from. **Please allow a minimum of 10-15 business days (M-F) after submission to prepare your letter.**

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(Please Print) *Last Name* *First Name* *Middle Initial*  
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*Your Phone Number* *Social Security #:* *Dates of attendance*

**Briefly state the purpose of the letter/document needed. List the name of the instructor you are requesting the reference from. Attach any forms that need to be filled out.**

**Requesting letter from:** \_\_\_\_\_ **Date letter/document needed:** \_\_\_\_\_  
*Instructor's Name*

### Disposition of letter/document--Check one:

Will pick up: \_\_\_\_\_ Mail to me: \_\_\_\_\_ Mail directly to requestor/organization: \_\_\_\_\_

**Please enter the name and address below where you want the completed letter/document mailed.**

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(Please Print) *Your Name* - or - *Name of Requestor/Organization*

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*Mailing Address* *Apt/Room/Suite*

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*City* *State* *Zip Code*

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**Your Signature -and- Today's Date**