

**EAST LOS ANGELES COLLEGE**  
International Student Office  
1301 Avenida Cesar Chavez  
Monterey Park, California 91754-6099  
Tel (323) 265-8796 Fax (323) 260-8192

**International Student Service Request Form**

*(Please Print Clearly)*

Name: \_\_\_\_\_, \_\_\_\_\_  
Last First Middle

ELAC Student ID #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Current Address: \_\_\_\_\_

Day Phone: (\_\_\_\_) \_\_\_\_\_ Evening: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email address: \_\_\_\_\_ @ \_\_\_\_\_

Is this your new address and phone number?  Yes  No

Are you currently enroll at ELAC ?  Yes  No

If you answer no, were you an ELAC student before, when, Fall 99/20\_\_ Spring 99/20\_\_

- 
- I request:  Verification Letter (Purpose of this letter)  Recommendation Letter (Attention to whom)
- Part-Time Permission Letter (School's Name and Courses)  Less than 12 units (Reason) Semester: Fall/Spring 20 \_\_\_\_\_
- Change of Major  Leave of Absence (Which Semester and Why)
- Other \_\_\_\_\_

*Reason / Problem (Must fill in - be specific and attached all documents ):*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

For Office Use Only:

Problem \_\_\_\_\_

Processed \_\_\_\_\_ By \_\_\_\_\_