



Request for Letter of Verification/Proof of Hours

Name: _____
First Middle Last Today's Date

Address: _____
(Home) Street City State Zip

Phone: () _____ **Email:** _____
Would you like an email confirmation of letters sent? [YES] [NO]

10 Digit USC Card: (not your SS#) _____

List JEP Semesters: (example: 1995 Fall) _____

Person/ Organization Receiving Letter: _____
(please include a full address for each letter)

Please Chose
One Option

To be sent to your address at the top. []

To be sent to persons/orgs named above. []

Will be picked up at the JEP House. []

Date Needed: _____
(Please allow 3 to 5 working days from date of initial request to mail)

Joint Educational Project -- University of Southern California
801 West 34th Street Los Angeles, CA 90089-0471
Off: 213 740 1837 Fax: 213 740 1825

Date Completed: