REQUEST FOR LETTER OF NON-ATTENDANCE



5600 Oakland Ave | St. Louis, MO 63110

Name:				SSN#:
LAST		FIRST	MI	Leave Blank if You Do Not Have a SSN
Former Name(s):				
By signing this form, I Attendance to the indi		-		nunity College provide a Letter of Non-
To the following:	Individual or Organization:			
	Address:			
	Email:			
Signature:				Date:
Please em	ail this request to	pregistrar@stlcc.edu	or you may mail it t	to the address listed above.
REGISTRAR OFFICE USE ONLY:	Processed By:		Date:	