

**OFFICE OF ACADEMIC RECORDS AND SUMMER SCHOOL
SLIPPERY ROCK UNIVERSITY
SLIPPERY ROCK, PA 16057
(724) 738-2010**

**REQUEST FOR PLACEMENT LETTER
For Student Teachers in Their Final Semester of Attendance**

Name _____ Student Rock ID No. A00 _____

Phone Number () _____ Today's Date _____

Placement letters will be available 1-2 weeks after Commencement. Check the Academic Records website for actual dates.

Please indicate your academic major _____

- I will pick up this letter.
- I give permission to have this letter picked up by the following person.

- Please mail this letter to the address below.
- Please fax this letter to the following number: _____

MAIL PLACEMENT LETTER TO:

Name _____

Organization/Office _____

Address _____

City _____ State _____ Zip _____

Student's Signature _____ Date _____

Request received via phone _____

Name of worker