VIRGINIA MILITARY INSTITUTE

Letter Request Form

Return form by mail or email to:

Registrar's Office
510 Burma Road
P.O. Box 1839
Lexington, VA, 24450
EMAIL: registrar@vmi.edu

Name: _____

VMI Class: _____

ID# _____

Major: _____

Type of Letter: ☐ ***Full-Time Enrollment Verification***

☐ ***Graduation Verification***

☐ ***Degree Requirements Met***

☐ ***Other*** _____

Note: VMI can only release what is considered to be "Directory Information" without the expressed written consent of the Cadet.

Please Mail: _____

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☐ ***Send Now***

☐ ***Please Send On:*** _____

Cadet Signature: _____ ***Date:*** _____