

I,	, request that my o	class rank be sent	to the following recipient:
at the following address:			
Street	City	State	Zip
Email	-		
Please send my information	::		
US Mail			
Email			
	_	Signature	of Requesting Student
Please Note: The requested	letter will contain the followin	g information:	
The current class rank for,_		, a	_professional year student
within the Presbyterian Col	ege School of Pharmacy, is	out of a class	s of students.
	in the requested letter will be completed and processed by th		

Please remit completed form to Mrs. Cindy Bodie, Administrative Assistant, Office of Academic Affairs at cmbodie@presby.edu.