



## Acupuncture Hours Letter Request

Due to **COVID-19** all requests are being sent electronically.  
Please ensure to provide a recipient email address.

Date of Request: \_\_\_\_\_

Attention Student Services:

This letter authorizes **CCNM** to forward information regarding acupuncture taken at CCNM to \_\_\_\_\_ *(please write organization name here)*.

\*Please complete the recipient organization's mailing/email address if applicable:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*If the above section is left blank, the Student Services Department will **not** be responsible for obtaining the information for you and therefore will not be able to process your request.

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Student Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

If you have any questions, please contact the Student Services: [info@ccnm.edu](mailto:info@ccnm.edu)