



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