

Request for Certification / Enrollment Verification

PART I:

Student Name:		
Student ID Number:		
Email Address:		
Telephone Number:		
Expected Graduation Month / Year:		
Student Signature:		Date:

***By signing this form, I am authorizing the Office of the University Registrar to provide any information necessary to complete this request. This information is to be released directly to me or mailed to the address listed below.

Directory Information: The University has determined that the following is directory information: name, date-of-birth, local and home address, phone listing, email address, currently enrolled status, major field of study, participation in officially recognized activities and sports, weight/height of athletic team members, dates of attendance, and degrees and awards received. To receive any information not included in the list above, the student must provide the Office of the University Registrar with his/her signed consent.

Note: This request will be processed in compliance with the Federal Family Educational Rights and Privacy Act of 1974 as amended.

PART II: Information Requested

Please provide written certification of the following information:

<input type="checkbox"/> Enrollment for the Current Term	Other (please specify):
<input type="checkbox"/> Pre-Registration for the Next Term	
<input type="checkbox"/> Summer Enrollment (Specify term)	
<input type="checkbox"/> Current Cumulative GPA	

PART III:

<input type="checkbox"/> I will pick up this certification in 2-5 business days from today (Need photo identification)
<input type="checkbox"/> Please mail the form to:
<input type="checkbox"/> Please Fax this form to: