

**CERTIFICATION REQUEST FORM**

Name \_\_\_\_\_ SS# \_\_\_\_\_  
(Last) (First) (M.I.)

Mailing Address \_\_\_\_\_  
(Number and Street, Apt./Box #) (City) (State) (Zip)

Local Phone \_\_\_\_\_ Date of Request \_\_\_\_\_

Address Certification to: (Check here  if "To Whom It May Concern")

Name \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_  
(Number and Street, Apt./Box #) (City) (State) (Zip)

- I will pick up certification letter.
- Mail certification letter to: (Check here  if same as letter addressee)

Name \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_  
(Number and Street, Apt./Box #) (City) (State) (Zip)

Please certify the following: (Check as many as applicable)

- Past Enrollment
- Present Enrollment
- Status
- Degree Conferred
- Others: (Be as specific as possible)

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-NOTE-

It would be helpful if you would provide a rough draft of the certification letter as you desire it to read. If you do so, use the reverse side of this form.

A copy of this certification letter, with this form, will be placed in your academic file in the Graduate School Office.

Letter approved for release:

\_\_\_\_\_  
Student's Signature