

## REQUEST FOR OFFICIAL CERTIFICATION LETTER

**NAME (PLEASE PRINT CLEARLY):**

**Last:** \_\_\_\_\_ **First:** \_\_\_\_\_ **Mid Int:** \_\_\_\_\_

**STUDENT NUMBER OR SOCIAL SECURITY NUMBER:** \_\_\_\_\_

I request the an official letter certifying my academic information, as indicated below:

Fall / Spring / Summer Year: \_\_\_\_\_

Expected Date of Graduation:  
Specify Month/Year \_\_\_\_/\_\_\_\_

Member Name & Member Number:  
**(FOR INSURANCE PURPOSES ONLY)**

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

**DO NOT WRITE IN THIS SPACE  
For Office Use Only**

Semester: SP \_\_\_\_ / SU \_\_\_\_ / FA \_\_\_\_

UG / GR / LW

Hours Enrolled: \_\_\_\_\_

FT / HT / LTHT

**LETTER TO BE PICKED UP:** Yes: \_\_\_\_\_ No: \_\_\_\_\_

**(Note:** Letter will be available in one working day. Additional info requested may delay processing.)

**IF LETTER IS NOT BEING PICKED UP, PLEASE PROVIDED THE FOLLOWING:**

**ATTN:** \_\_\_\_\_ **FAX #:** \_\_\_\_\_

**FULL ADDRESS:** \_\_\_\_\_

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

**NUMBER OF COPIES NEEDED:** \_\_\_\_\_

\_\_\_\_\_  
**(SIGNATURE)**

\_\_\_\_\_  
**(DATE)**