REQUEST FOR
CERTIFICATION OF STUDENT STATUS

THIS SECTION TO BE COMPLETED BY THE STUDENT:

Organization Requiring Certification

_____
Last four digits of SSN Term

_____ _____
Student's Name Name of organization

_____ _____
Student I.D. # Address

_____ _____
Mailing Address City State, Zip

_____ _____
City State Zip Attention

PLEASE FORWARD CERTIFIED INFORMATION REGARDING THE FOLLOWING TO THE INSTITUTION NAMED ABOVE:

Enrollment From _____ To _____
(Only current and past enrollment can be certified. Current enrollment cannot be certified until the end of the first week of class.)

Include Anticipated Graduation Date – circle one (yes) (no)_____
Anticipated Graduation date

Additional information required_____

Special instructions _____

_____ _____
Student's Signature Date