

Request For Certification of Attendance

Social Security Number: _____ Date of Birth: _____

() Mr. () Ms. _____
Last First MI

Street Address: _____ Apt. No.: _____

City: _____ State: _____ Zip: _____

Telephone: Day – (_____) _____ Evening – (_____) _____

Are you currently enrolled: () Yes () No Dates of Attendance: _____ to _____

Please check what letter(s) you are requesting:

- () **Current Enrollment** Includes your major, credits in progress, credits completed and semester start date
- () **Semesters Enrolled** Includes semester(s) of enrollment, enrollment status and start and end dates for each semester
- () **Labor Department** Includes start & end dates for current semester, course schedule, billable credits, major, and admission semester. Used for unemployment purposes.
- () **Graduation Letter** Includes the degree awarded, major and graduation date.

Do you like to reflect your expected graduation date in this letter? () Yes () No
If Yes, expected Graduation Date _____

Do you want to pick up this letter? () Yes () No

Please send this certification to: (Indicate if it is yourself)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Students Signature (required)

Date