

**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