LETTER OF CERTIFICATION REQUEST FORM

Please use black or blue ink only, print legibly

Name: ____________________________________________________________ Last, First, Middle Initial, Suffix

Username/ID: ____________________ Birth date: ________________ Phone: ________________

Date: __________________________ Signature: ________________________________

CHECK OFF ONLY THE ITEM(S) THAT YOU WOULD LIKE INCLUDED ON THE CERTIFICATION LETTER

Enrollment status:

☐ Full-time/Part-time/Less than half-time for ______________________ semester

☐ Class standing: ______________________

☐ Anticipated graduation date: ______________________ semester & year

☐ Present major & degree/certificate: ______________________

☐ Other: _______________________________________________________

☐ Please mail the letter to the following name and address:

Name: __________________________________________________________

Address: ________________________________________________________________________________

City, State, Zip: ________________________________________________________________

☐ I would like to pick up the letter. (We will call you when the document is ready for pick up).

STOP!

Sign below ONLY when picking up letter of certification.

Signature __________________________

Date: __________________________

FOR ARO USE:

Processed on: ______________________ Initals: __________

Date Called for P/U mailed: ________________ Initials: ________

Reviewed: ________________ Initials: ________ Logged: ________________ Initials: ________

ARO Share Revised Feb 2016