

# REQUEST FOR CERTIFICATION SERVICES

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Student ID Number

\_\_\_\_\_  
Email Address (MU email if current student)

\_\_\_\_\_  
Daytime Phone Number

**CERTIFICATION TYPE:**

**Letters We Can Provide:**

- Student Enrollment Verification (standard print-out that includes all semesters of enrollment)
- Customized Enrollment Verification Letter (please indicate what information this letter must contain)
- Degree(s) awarded and date(s)
- Expected degree and graduation date
- Current schedule print-out
- Current schedule print-out with letter verifying confirming official schedule
- Other: \_\_\_\_\_

**Forms You Must Provide (please include all forms that need to be completed):**

- Loan Deferment Forms
- Automobile Insurance Forms
- Health Insurance Forms
- Common Application (College Report)
- Other: \_\_\_\_\_

**\*Depending on the nature of the request, students may be asked to provide a copy of a photo ID in order to move forward with processing the request.**

**DELIVERY METHOD:**

Student Enrollment Verifications can be issued on-demand in the Office of the Registrar during normal business hours. All other requests will be completed within 1-3 business days, but will take longer during high-volume times including the beginning of the semester and the period following spring commencement. Requests that must be sent to another department for additional information, may take longer to complete.

Email: \_\_\_\_\_  
Attention

\_\_\_\_\_  
Email Address

Fax: \_\_\_\_\_  
Attention

\_\_\_\_\_  
Fax Number

Mail: \_\_\_\_\_  
Attention

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

In-Person Pick-up. Students must bring with them a government issued ID or MU ID card. Note: Common Application Forms are not available for in-person pick-up.

By signing this request, I authorize Marymount University to produce a letter or complete the forms provided, verifying the information requested above. By choosing to have my certification faxed or emailed, I understand that confidential information may not be transmitted securely and I agree to release the Office of the Registrar from any and all liability.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

REGISTRAR'S OFFICE USE ONLY	
_____ Staff Initials	_____ Date