

Request for Certification Letter

(1) Complete your personal information.

Name _____
Last First Middle Former Name(s)
*Daytime Phone _____
Including Area Code _____ University ID number _____
*Email address _____
Please print _____ *In case we need to contact you with questions about your request

(2) Indicate method of delivery. You can pick up your certification letter or have it mailed to you.

Choose one of the following:

- ____ Pick up in 214 Enrollment Services Center (available in 3 working days) (an email will be sent to you when letter is ready for pick up - a valid photo ID is required)
- ____ Mail certification to **complete Name and Address** below: (minimum of 3 working days for processing, mailed First Class USPS). **International Address:** Please write full name and address including Country & Postal Code as it should appear on envelope for delivery.

Full Name or Company _____
Attention to, P.O. Box, } _____
Street address, } _____
Apartment number } _____
City, state, country, _____
Zip code _____

(3) Indicate number of copies

____ Number of copies requested

(4) Check one or more lines/boxes below for the information you need verified. To verify your enrollment status at ISU, you must be registered or enrolled for courses prior to requesting enrollment verification for a specific term. Full-time, part-time, or less-than-half-time status is based on the number of credits in which a student is registered or enrolled.

- ____ Enrollment for term(s): _____ Term/Year (list all semesters to verify)
- List Courses (only available for currently enrolled semesters)
- Display Number of Credits (only available for currently enrolled semesters)
- Full Schedule with Days and Times (only available for 2 most recently enrolled semesters)
- ____ Loan Deferment (letter will be attached to Deferment Form provided by student) (Provide current term & graduation date)
- ____ Cumulative Grade Point Average – GPA (only cumulative available. Semester GPAs available through transcript.)
- ____ Degree(s) Awarded: Degree(s) _____ Year(s) _____
- ____ Anticipated Degree (provide info for all): Term _____ Year _____ Bachelor's Master's Ph.D.
- ____ Good Student Discount (Car Insurance – must have insurance form to attach)
- ____ Good Standing
- ____ Tuition & Fees (Assessed only for current term - Prior terms: contact Accounts Receivable/0880 Beardshear)
- ____ Other information: on lines below, please provide specific information to include such as SSN, UID, class rank, etc.)

(5) Sign the form. Your original signature is required. Typed or scanned images are not accepted.

Student Signature

Today's Date

For Office Use Only

Time and date for pick-up: _____ Request Taken by: _____

ID Checked _____ Holds Checked _____ **Check registration for current and or future terms _____