



# REQUEST FOR CERTIFICATION

To complete this form online, open in Adobe Reader, not a Web browser, to ensure the privacy of your information. Place the cursor in a field and type. Print a copy to add the required signature(s) in blue or black ink.

Student name (last, first, middle, former)

In the box below, **print plainly** the name and **complete mailing address** where you want your certification(s) sent. The address you provide will appear in a window envelope.


Student address	City	State	Zip
Student ID number or SSN	Student e-mail address	Date of birth (mm/dd/yy)	Day phone number ( )

**DIRECTIONS**

- To ensure prompt processing, provide all information requested.
- Fill out one request for each address you are sending certification letter(s) to or attach a sheet listing additional addresses.
- If you are a current student, check your online enrollment summary to be sure that everything you want to have certified is currently listed; certification requests are not held for missing information.
- **The Office of the Registrar will only certify coursework taken at the University of Minnesota.**

**TYPE OF SERVICE**

**Regular.** Sent at no charge. Mailed within 2-3 business days. Allow sufficient time for delivery by U.S. mail.

**Fax.** \$10 each letter. Faxed plus an original mailed same day if received by 2 p.m. Allow sufficient time for delivery by U.S. mail. Attach a check or money order payable to the University of Minnesota *or* provide credit card information (type of card, card number, and expiration date).

**Fax number:** \_\_\_\_\_

**Prepayment is required.** Check the method of payment:  Check or money order  Cash—Indicate the amount attached: \$ \_\_\_\_\_

Charge to  American Express  Diners Club  Discover card  MasterCard  VISA

Credit card number: \_\_\_\_\_ Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*This PDF will not allow you to type in your credit card number; you must fill it in by hand to protect the privacy of your information.*

Complete billing address (billing address is where monthly statement is sent for card being used):

**TYPE OF CERTIFICATION REQUESTED**

<input type="checkbox"/> Loan deferment	<input type="checkbox"/> Good student discount
<input type="checkbox"/> Medical insurance	<input type="checkbox"/> Automobile insurance

**TYPE OF INFORMATION REQUESTED**

	All dates	Most recent term
<input type="checkbox"/> Verification of attendance	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cumulative GPA and credits	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Expected graduation date. You must specify date or term/year: _____		
<input type="checkbox"/> Verification of Degree/Certificate awarded		
<input type="checkbox"/> Degree GPA (GPA as of date your degree was conferred. Available for undergraduate degrees only.)		
<input type="checkbox"/> Special instructions:		

<b>STUDENT SIGNATURE (required; please write)</b>	<b>Date</b>
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for office use only certification mailed	date
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Certifications, 130 Coffey Hall, 1420 Eckles Avenue, St. Paul, MN 55108-6054 (phone: 612-626-4432; fax: 612-625-4351)



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