

OFFICE OF THE REGISTRAR

Phone 919-546-8415 Fax 919-546-8553

## **CERTIFICATION SERVICES REQUEST FORM**

First Name	Last Name	Student ID #/Social Sec #
Maiden or Other Names Used		Telephone #
Currently Enrolled		Email
INSTRUCTIONS (Please fill out a separate form for each request)		
Mail, Fax or Email below information to following address: OR Pick Up		
Name		Fax Number
Address		Email Address
City, State Zip		
Certification Service Requested:		
Certification of Enrollment for: Fall Spring Summer (Please enter year for each term that applies)		
Certification of Degree Earned Graduation Date		
Verification of Degree	Completion	
Loan Deferment for Se	emester(s)	Semester Year
Letter of Academic Sta	anding	
Certification of Non-A	ttendance	Semester Year
PLEASE ALLOW 2 BUSINESS DAYS FOR PROCESSING		