ENROLLMENT CERTIFICATION REQUEST

The Office of the Registrar, Bloomington, will process requests for verification of enrollment and/or degree status upon request. After downloading and completing this form, providing student signature where required, you may fax this request to 812 855 3311 or mail to the address listed below, ATTN: Certification.

Certifications may not be provided for those students with active negative service indicators (holds) placed by the Office of the Bursar, the Dean of Students/Greek Housing, or Student Loan Administration. Please review your records for any holds prior to submitting this request. Should we receive a request and determine that your record has any of the above-listed service indicators, we will notify you, as indicated below, that we are unable to produce the document. A new request must be submitted when the hold has been cleared from your record.

Student/Requestor Information: (Required information)

Student name (printed) ___________________________ Student signature (where required, see below*)

10-digit University ID number or last 4 digits of social security number ___________________________ Daytime telephone number

Valid e-mail account ___________________________ Expected term of graduation/graduation date

Please note that we need either a valid e-mail or daytime telephone number so we may contact you if needed.

Requestor (if not student) ___________________________ Relationship to Student

Terms to be Certified: (List terms/years, i.e., Fall 2005, Summer 2006)

__________________________________________  ____________________________________________  ____________________________________________  ____________________________________________

Type of Certification: Indicate all that are appropriate with a checkmark ✓

*Student’s signature is required for the following certifications:

☐ *Good student discount/car insurance

☐ *Good academic standing/transient letter (for enrolling at other university/college)

Student’s signature is not required for the following certifications:

☐ Dates of attendance ☐ Degree ☐ Health insurance (see below)

☐ Loan deferment ☐ Military ID: provide graduation term (required) ____________________________

☐ Other: ____________________________

All teacher certification requests should be directed to the School of Education/Dorothy Slota, (812) 856-8528

Insurance Provider Information: (If applicable)

Provider ___________________________ Holder’s name

Holder’s ID Number (if required by provider; List only last four digits if ID is a social security number) ___________________________ Group or claim number (if applicable)

Mail Document to: Send completed, signed* form to:

ATTN: Certification
Office of the Registrar
408 N. Union Street
Bloomington, IN 47405

Faxed requests may be directed to (812) 855-3311

Please note: We do not offer a return fax service. All certification documents will be mailed to the address provided above.

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R801/0213 Office of the Registrar, Indiana University