

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 Please note that we need either a valid e-mail or daytime telephone number so we may contact you if needed.	_____ Expected term of graduation/graduation date
_____ 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
Franklin Hall 111
601 East Kirkwood Avenue
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.