



REQUEST FOR CERTIFICATION SERVICES

Please complete this form and submit (via in-person, mail, or fax) to the Registrar's Office.

Name: _____ SSN: _____
Last First M.I

Address: _____

Phone: _____ Email: _____ Degree Program: _____

CERTIFICATION TYPES (check which type of information you would like certified)

Letters

Forms (please specify the semester to be certified and attach the form to this request)

- Enrollment for a given semester
Specify semester(s): _____
(available starting the first day of the semester)
- Registration (student must be registered at the time of request)
- Degree(s) Awarded and date(s)
Specify degree/date: _____
- Expected degree and date
Specify degree/date: _____
- Other: _____

- Loan Deferment Forms _____
- Health Insurance Forms _____
- Automobile Insurance Form _____
- Other: _____

DELIVERY METHOD (requests will be processed within two (2) business days)

- Hold for pick up**
- Fax** Attention: _____ Fax Number: _____

Mail Address: _____

 City: _____ State: _____ Zip Code: _____

By signing this request, I authorize The Institute of World Politics to produce a letter of certification verifying the information requested above. By choosing to have my certification faxed, I understand that confidential information may not be transmitted securely and I agree to release the IWP Registrar's Office from any and all liability.

Signature (required): _____ Date: _____

Internal Office Use

Date Received Date Processed