

## OFFICE OF THE University Registrar

## **Certification Request Form**

Questions, please call 615-322-7701.

Last Name	First Name	Middle Name	Student ID Number
Former Name:	Date of Birth:		
Phone:	Email:		
We are required by feder information which is pro		r legal signature to au	thorize the release of
Please select letter type:			
Degree Verification	Include GPA	Include Rank i	n Class (if available)
Enrollment Verification (Cu	urrent semester)	Enrollment Ver	rification (All semesters)
Please add following infor	mation to letter:		
Academic Good S	Standing Statement		
Good Student Dis	count Statement		
Other, please list:			
Please mail letter to the			
Name or Agency:			
Street Address Line 1:			
Street Address Line 2:			
City:	s	tate: Zip:	Country:
Or, I will pick up the lette	er at 110 21st Ave S,	(Baker Bldg. Suite 110)_	
		at	
To the attent	on of		Fax Number
I authorize Vanderbilt Univ	ersity to release a lett	ter with the requested in	formation above.
<b></b>			
Signature:	not be typed and must b		Date:

Please fax to: 615-343-7709 Or mail to: Vanderbilt University

Office of the University Registrar

PMB 407701

110 21st Avenue South, Suite 110

Nashville TN 37240-7701