

## **Certification Request Form**

Last Name	First Name	Middle Name	Student ID Number	
Former Name:	rmer Name: Date of Birth:			
Phone: Email:				
	federal law to obtain you s protected by FERPA.	r legal signature to a	authorize the release of	
Please select letter ty	ype:			
Degree Verification	Include GPA	Include Ran	k in Class (if available)	
Enrollment Verification (Current semester)		Enrollment \	Enrollment Verification (All semesters)	
Please add following	information to letter:			
Academic G	ood Standing Statement			
Good Studer	nt Discount Statement			
Other, please	e list:			
	the address below:			
Name or Agency:				
Street Address Line	1:			
Street Address Line 2	o.			
City:			Country:	
	e letter at 110 21st Ave S,			
Or, fax		at		
To the	attention of		Fax Number	
I authorize Vanderbil	t University to release a let	er with the requested	information above.	
Signature:			Date:	
	e cannot be typed and must b			
Please fax to: 615-3	343-7709 Or mail to	5: Vanderbilt Unive Office of the Univ PMB 407701 110 21st Avenue Nashville TN 372	versity Registrar South, Suite 110	