

REQUEST FOR CERTIFICATION LETTER

UNIVERSITY OF MINNESOTA DULUTH

Your certification letter will reflect the academic record as of the date your letter is prepared.

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|---|--|----------|
| Please PRINT student name | | |
| (last) | (first) | (middle) |
| ID number | Phone number | |
| <i>I authorize the University of Minnesota to release my information indicated below.</i> | | |
| <input type="checkbox"/> Academic standing (GPA and credits) | <input type="checkbox"/> Enrollment certification | |
| | <input type="checkbox"/> for all terms <input type="checkbox"/> for most recent term | |
| <input type="checkbox"/> Degree verification (degree already conferred) | | |
| <input type="checkbox"/> Expected date of graduation _____ | | |
| Student signature _____ | Today's date _____ | |
| <input type="checkbox"/> I will pick up my Certification Letter at the Student Assistance Center, 23 Solon Campus Center. | | |
| <input type="checkbox"/> Please mail my certification letter to the address below. | | |
| Name | | |
| Street address | | |
| City, state, zip code | | |