

# CONCORDIA COLLEGE

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## NEW YORK

### Certification Letter Request Form

Name \_\_\_\_\_ ID # \_\_\_\_\_

Phone # \_\_\_\_\_

I request that a Certification Letter be generated confirming my

Graduation status

Enrollment/attendance for the following terms (check all that apply):

[ ] Fall \_\_\_\_\_ (year)

[ ] Spring \_\_\_\_\_ (year)

Please include the following additional information on the letter:

Medical ID # \_\_\_\_\_

Insurance Policy # \_\_\_\_\_

Parent ID # \_\_\_\_\_

Other \_\_\_\_\_  
\_\_\_\_\_

The Certification Letter is to be (check all that apply):

Picked up in the Registrar's Office

Faxed to: \_\_\_\_\_

Mailed to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

FOR OFFICE USE ONLY	
Processed by:	Date: