

5800 Bay Shore Road (PMD-115) Sarasota, FL 34243-2109 Phone: (941) 487-4230 Fax: (941) 487-4478

Request for Certification of Enrollment

Name of Student:				
	(Last)		(First)	
N Number:				
Semester(s):	;	; ;	;	
Dear Registrar:				
I am hereby requesting refer to the following of		ollment for the ab	pove-mentioned semest	er(s). Please
1 Pleas	se <u>email</u> the certification	on to the followin	g address:	
Email:				
		OR		
2. Pleas	se mail the certificatio	n to the following	address:	
Name				
Address				
City, State Zij	p			
		OR		
3. Hold	for pick up in the Off	ice of the Registra	nr.	
Sincerely,				
Student Sign	nature		ate	