



Request for Certification of Graduation

Name of Student: _____
(Last) *(First)*

N Number: _____

Year of Graduation: _____ Date of Graduation: _____

Dear Registrar:

I am hereby requesting a certification of graduation for the above-mentioned semester. Please refer to the following checked item(s).

1. _____ Please **email** the certification to the following address:

Email: _____

OR

2. _____ Please **mail** the certification to the following address:

Name _____

Address _____

City, State Zip _____

OR

3. _____ Hold for **pick up** in the Office of the Registrar.

Sincerely,

Student Signature

Date