

CONCORDIA COLLEGE

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: