

# CERTIFICATION REQUEST

Office of the Registrar  
Agnes Scott College

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

Student Type:  Undergrad  MAT  Post Bac  Year 5  Other

Request is for:

- Letter of Certification.** Unless otherwise specified, the letter will include all semesters attended with dates, credit hours and load (full- or part-time), as well as the current program and expected date of graduation.

Please also include:

- Statement of good standing  
 Major  
 GPA  
 Social Security Number  
 Other \_\_\_\_\_

- Completion of a form** (please attach the form, and be sure to fill out any information and/or sign if required.)

- Certification of degree**

Sending Information:

- Mail to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Fax to: \_\_\_\_\_

- Hold for Pickup

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Requests are typically processed with 24-48 hours.**