



## CERTIFICATION OF ENROLLMENT LETTER REQUEST (FOR PAST OR PRESENT ENROLLMENT)

Send completed form to: 1000 Regent University Dr., Va. Beach, VA 23464 Fax: 757-352-4033

**Certifications Cannot Be Issued for Future Terms, Regardless of Registration Status**

Date of Request: \_\_\_\_\_

Name: \_\_\_\_\_ Genisys ID: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Day Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Regent University School of: \_\_\_\_\_ Degree Sought: \_\_\_\_\_

Student Status (check one):

\_\_\_\_ Full time

\_\_\_\_ Half Time

\_\_\_\_ Less than Half Time

Anticipated Graduation Date: \_\_\_\_\_

Please Specify the term(s) you require to be certified (enter year):

Fall: \_\_\_\_\_ Spring: \_\_\_\_\_ Summer: \_\_\_\_\_

All dates of Enrollment (use only when requesting complete enrollment history)

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ If you wish for us to exclude your SSN, please check here:

*NOTE: Your SSN is required by lenders. If you choose to exclude it from your certification, your lender may be unable to process your request correctly and efficiently.*

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

Send letter to (check one):

\_\_\_\_ Self (will you pick the letter up? \_\_\_\_ Yes \_\_\_\_ No, please mail/fax it to me)

\_\_\_\_ Lender (please specify information of lender below)

\_\_\_\_ Other (please specify information below)

Name, Address/Fax of Lending Agency or of Self/Other:

\_\_\_\_\_

\_\_\_\_\_

Office Use Only: Date Sent: \_\_\_\_\_ Staff: \_\_\_\_\_

Revised 10/09