



**CERTIFICATION OF ENROLLMENT/ACADEMIC STANDING/DEGREE/
NON-ENROLLMENT LETTER REQUEST**

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

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

Date of Request: _____

Type of Letter: Certification of Enrollment Academic Standing Certification of Degree
 Pre-Registration Letter Letter of Non Attendance Withdrawal Letter

Name: _____ Student ID/DOB: _____

Phone #: _____ Regent Email: _____

Regent University School of: _____ Degree Sought: _____

Student Status (check one):

Full time/Half time Less than Half Time
 Not Enrolled Graduated Withdrawn
 Pre-Registered (This letter will state number of credits you are registered for in the upcoming semester along with an anticipated graduation date.)

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.

By signing this form I agree to release my enrollment information/academic standing to the contact listed below. I understand academic standing is calculated at the end of each semester and the status that will be shown is from the previous semester.

Signature: _____
We cannot accept electronic font signatures. Wet Signature ONLY.

Send letter to (This letter can be sent to multiple contacts):

I will pick up the letter

Email the letter to: _____

Fax the letter to: _____

Mail the letter to (please provide the name/company and full mailing address below)

Additional Notes:

Office Use Only: Date Sent: _____ Staff: _____

Revised 9/25/17