



**CERTIFICATION OF ENROLLMENT/ACADEMIC STANDING LETTER REQUEST  
(FOR PAST OR PRESENT ENROLLMENT)**

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

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

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

Type of Letter:  Certification of Enrollment Only  Academic Standing Only  
 Certification of Enrollment and Academic Standing

Name: \_\_\_\_\_ Genisys ID/DOB: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Regent Email: \_\_\_\_\_

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.*

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. I also understand that this form/letter is for current or past enrollment only, future enrollment will not be certified.

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

We cannot accept electronic signatures, including cursive fonts.

Send letter to (check one):

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

Other (please specify information below)

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

\_\_\_\_\_  
\_\_\_\_\_

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

Revised 3/3/16