



Certification Request

Revised 4/01/2019

Last Name	First Name	Middle Initial	EMPLID or FSU email
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Academic Certifications are official documents provided by the University Registrar verifying information about you and your academic career. This form allows you to create a personalized certification(s) by selecting the type of certification that you need and any additional data that might need to be included

Part One: There are three common types of academic certifications. 1) Enrollment Verification- commonly requested for health insurance or loan repayment purposes. 2) Degree Verification- commonly used for employment purposes; and 3) Grade Point Average Verification- commonly used for “good student discounts” from automobile insurance companies. **Please select one or more of these basic types:**

- | | | |
|--|--|---|
| <input type="checkbox"/> Enrollment Verification <ul style="list-style-type: none"> • Name • Status (full/ part time) • Degree Working Towards • Major • FSU Hours Earned • Academic Standing | <input type="checkbox"/> Degree Verification <ul style="list-style-type: none"> • Name • Degree Awarded (Incl. Date) • Major • Last Date of Attendance • Past Enrollment | <input type="checkbox"/> Good Student Discount <ul style="list-style-type: none"> • Name • Status (Full/part time) • Academic Standing • FSU Grade Point Average |
|--|--|---|

Part Two: You have the option of personalizing your certification by adding additional data to the certification types listed above. Please select any additional data you would like to include in the certification(s) you have selected:

- | | |
|---|---|
| <input type="checkbox"/> Expected Date of Graduation (____ / ____)
<input type="checkbox"/> Past Enrollment
<input type="checkbox"/> Social Security Number
<input type="checkbox"/> FSU Grade Point Average
<input type="checkbox"/> Date of Birth | <input type="checkbox"/> Classification (Undergraduate/ Graduate)
<input type="checkbox"/> Other _____ |
|---|---|

Part Three: Please select the delivery method for your certification request:

- Pick up immediately Number of Copies: _____
- Mail to: Fax: _____ Email: _____

Person/ Institution			
Street Address	City	State	Zip

Part Four:

The certification will be reported in accordance with the academic record as of the date prepared.

I authorize Florida State University to release the information indicated above.

Student's Signature (Required)	Date
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Office of the University Registrar

Certified by: _____ Date: _____