



CERTIFICATION OF ENROLLMENT REQUEST

INFORMATION TO BE CERTIFIED: ☐ Form Attached

Additional Information:

SOCIAL SECURITY
OR I.D. NUMBER

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☐ SEND

☐ PICKUP

LAST NAME

FIRST NAME

SIGNATURE

DATE

Pursuant to provisions of the Federal, Family Educational Rights and Privacy Act of 1974 (public law 93-380), I grant permission for release of my enrollment record as indicated.

DO NOT WRITE IN THIS SPACE

DATE SENT _____

SENT TO: I request that my enrollment status be certified to the individual, agency or institution indicated below.
