

REQUEST FOR CERTIFICATION OF INFORMATION

NICHOLLS
STATE UNIVERSITY
Office of Records and Registration

Last Name First Middle Maiden

Address

City State Zip Code Daytime Phone Number

CWID/Social Security Number Date of Birth Student's Signature Today's Date

**Your signature is an authorization to release your social security number and the information requested below.
We will mail/fax the requested data as soon as possible.**

Are you currently enrolled at Nicholls? Yes No

Information requested for (specify year): **Spring** _____ **Summer** _____ **Fall** _____

SPECIFIC INFORMATION REQUIRED (check all applicable boxes):

- Completion of Attached Form
 - Good Student Discount Form (*usually* cannot be processed between semesters)
 - In-School Deferment: Expected graduation date? _____
 - Other (specify) _____
- Letter (specify requested information below)
 - Insurance Policyholder's Name: _____ Policy Number: _____
 - Semester Grade Point Average Enrollment Status (part-time/full-time)
 - Official Cumulative Grade Point Average Hours Enrolled
 - Internal Adjusted and Official Cumulative Grade Point Averages Expected Graduation Date _____
 - Class Schedule

Additional Information to Include: _____

PURPOSE OF REQUEST: _____

Please Mail Information To:

Please Fax Information To:
ATTN: _____
Co/Dept: _____
Fax No. _____

FOR OFFICE USE ONLY

Date Information Issued: _____ Accepted By: _____
Processed By: _____