



P.O. Box 41208 | Lafayette, LA. 70504

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CERTIFICATION OF INFORMATION REQUEST

Purpose: This form is used to certify student information, including verifying enrollment, academic standing, non-attendance, and other special requests, typically to send to employers, loan companies, etc.

Notes: Please allow 2 - 3 business days to process the form. Documents not collected after thirty days will be destroyed.

ULID:		Full Name:	
Date of Birth:		Telephone:	()
Purpose of Request:			

Specify semester for requested information:

☐ Current _____ (List Semester) -or- ☐ Past _____ (List Semester)

Specific Information Requested (Please select an option below):

☐ Completion Third-Party Form (ex. Insurance, Loan Company, Unemployment, etc.)

-OR-

☐ University Letter:

☐ Enrollment Status (Full-time/Half-time/Less Than Half-time)

☐ Academic Standing (Good Standing, Suspension, etc.)

☐ Non-attendance *Please include a copy of your driver's license

☐ Other (Please Specify): _____

Method of Delivery (Please select an option below):

☐ In-office pickup Pick-up *Return in 2-3 business days. (Photo ID required at pickup)

☐ Email Information To:

Recipient's Name:	
Recipient's Email Address:	
Student's Email Address:	

☐ Mail Information To:

Name/Company:	
Mailing Address:	
City, State, Zip:	

I authorize the University of Louisiana at Lafayette to release the above information, including ULID.

Student's Handwritten Signature (Typed Signature Not Accepted)

Date

OFFICE USE ONLY

Processed Date: _____

Process By: _____