



REQUEST FOR CERTIFICATION OF INFORMATION

PERSONAL INFORMATION:

Form with fields: UL ID/CLID, Full Name, Expected Graduation Date, Telephone, Purpose of Request

Specify term(s) for requested information (including year in blank):

Spring Summer Fall

Specific Information Requested (Check all that apply):

- Completion of attached form
Letter (Specify requested information below - Check all that apply):
Academic Standing, Semester GPA, Cumulative GPA, Expected Graduation Date, Major, Hours Enrolled, Enrollment Status, Other

Method of Delivery:

- I will be picking up this information. (Please allow 2 working days for processing-Photo ID required at pickup).
Please Email Information To:

Form for email recipient information: Recipient's Name, Recipient's Email Address, Personal Email Address

- Please Mail Information To:

Form for mail recipient information: Name, Address, City, State, Zip

- Please Fax Information To:

Form for fax recipient information: Name/ATTN, Company/Dept., Fax Number

I authorize the University of Louisiana at Lafayette to release the above information, including UL LID or CLID.

Student Signature

Date

Please allow 2 working days to process this request.
NOTE: Unclaimed documents will be destroyed after 30 days.

OFFICE USE ONLY

Processed Date:

Process By: