

P.O Box 41208 | Lafayette, LA. 70504 Office: (337) 482-6291 | Fax: (337) 482-6286 | our@louisiana.edu

REQUEST FOR CERTIFICATION OF INFORMATION

PERSONAL INFORMATION:

		Full Name:			
xpected Graduation Date	:		•		
elephone:					
urpose of Request:					
ecify term(s) for req	uested informat	ion (including y	ear in blank):		
Spring	□Summer	□Fall			
ecific Information Re	equested (Check	all that apply)	:		
Completion of attached fo	orm				
Letter (Specify requested	information below –	Check all that appl	y):		
☐ Academic Standing (Good Standing, Probation, etc.)		bation, etc.)	☐ Major		
☐ Semester GPA (Previous Semester)			☐ Hours Enroll	☐ Hours Enrolled	
☐ Cumulative (Overall) GPA			☐ Enrollment S	☐ Enrollment Status (Part-Time/Full-Time, etc.)	
☐ Expected Graduation Date			☐ Other (Pleas	☐ Other (Please Specify):	
ethod of Delivery: I will be picking up this in Please Email Information	•	low 2 working day	s for processing- Phot	ID required at pickup).	
I will be picking up this in	•	low 2 working day	s for processing -Phot e	o ID required at pickup).	
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I will be picking up this in	To:	low 2 working day	s for processing- Phot	o ID required at pickup).	
I will be picking up this in Please Email Information Recipient's Name: Recipient's Email Add	To: dress: ess:	low 2 working day	s for processing-Photo		
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I will be picking up this in Please Email Information Recipient's Name: Recipient's Email Addre Personal Email Addre Please Mail Information T Name: Address: City, State, Zip:	To: dress: ess:	N C F	Please Fax Information Please Fax Information Please Fax Informati		
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