



REQUEST FOR CERTIFICATION OF INFORMATION

PERSONAL INFORMATION:

ULID/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 (Good Standing, Probation, etc.)
 - Major
 - Semester GPA (Previous Semester)
 - Hours Enrolled
 - Cumulative (Overall) GPA
 - Enrollment Status (Part-Time/Full-Time, etc.)
 - Expected Graduation Date
 - Other (Please Specify): _____

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:

Recipient's Name:	
Recipient's Email Address:	
Personal Email Address:	

Please Mail Information To:

Name:	
Address:	
City, State, Zip:	

Please Fax Information To:

Name/ATTN:	
Company/Dept.:	
Fax Number:	

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