



UNIVERSITY of
LOUISIANA
L A F A Y E T T E

**University
Registrar**

P.O Box 41208 | Lafayette, LA. 70504

Office: (337) 482-6291 | Fax: (337) 482-6286 | registrar@louisiana.edu

REQUEST FOR CERTIFICATION OF INFORMATION

PERSONAL INFORMATION:

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 (Good Standing, Probation, etc.) Major
 - Semester GPA Class Schedule
 - Cumulative (Overall) GPA Hours Enrolled
 - Expected Graduation Date Enrollment Status (Part-Time/Full-Time, etc.)
 - 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 Mail Information To: Please Fax Information To:

Name:	
Address:	
City, State, Zip:	

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: _____