



P.O. Box 41208 | Lafayette, LA. 70504
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REQUEST FOR CERTIFICATION OF INFORMATION

PERSONAL INFORMATION:

ULID (C-Number):		Full Name:	
Telephone:	()		
Purpose of Request:			

Specify term(s) for requested information (include year in blank)

Please note: We can only verify information for *current* and/or *past* semesters.

- Spring _____ Summer _____ Fall _____

Specific Information Requested (Please select an option below):

- Completion of Attached Form.
- University Letter:
- Enrollment Status (Full-time/Part-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 (*Photo ID required at pickup*)
- Email Information To:

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

Mail Information To:

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

Fax Information To:

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

I authorize the University of Louisiana at Lafayette to release the above information, including ULID (C-Number).

Student's Handwritten Signature (Digital Signature Not Accepted)

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: _____