



Received by:
Registrar's office (date stamp)

Atlanta/Charlotte
800/221-4771
www.atl.devry.edu

Certification Letter Request Form

Certification Letters will be available for pick-up or will be mailed within **three (3)** working days following submission of this form. **Allow 7 — 10 business days for mailed requests.**

STUDENT INFORMATION

Student's Name (print) _____

Social Security Number _____

Current Daytime Phone # _____

Signature _____

Check One:

Reason: Loan Def. _____

Insurance _____

Other _____

Date: _____

EACH LETTER AUTOMATICALLY INCLUDES THE FOLLOWING:

- First Term of Enrollment
- Current Semester of Enrollment
- Enrollment status
- Projected Graduation Date

Please check box **IF YOU WOULD LIKE YOUR LETTER TO INCLUDE** the following additional information:

Cumulative GPA

SELECT ONE (If for loan deferment address **MUST** be given)

_____ I would like to pick up my certification letter **OR**

_____ I would like my certification letter faxed to this number: Attn: _____
Person **Number**

_____ I would like my certification letter mailed to the following:

Name of Company, Person or Institution

Street Address

City, State, Zip

Attn: Contact Person, Dept. of Office

Name of Company, Person or Institution

Street Address

City, State, Zip

Attn: Contact Person, Dept. of Office

For Office Use Only

Date Picked up, Mailed or Faxed _____