



Please print firmly and provide all of the information requested.
Form is processed within 2-3 business days. Attendance prior to 1983 may take longer to verify.
Any omission of information may delay the processing of this request.

Suffolk University Student ID# _____ Today's Date _____ Date of Birth _____

Prefix _____ Name _____
Mr./Mrs./Ms. Last First Middle Initial

Daytime Telephone _____ Semester/Year to be Verified _____

All fields are required. If these are not filled, there may be a delay in processing your request.

Information to Verify (check all that apply)

Credit Hours currently registered Other _____

Honors GPA Degree Program/Major

Anticipated Graduation Date

Please check how you would like the Certification sent to you:

I will pick up Certification (three business day notice from the date stamped on this form is required for form to be processed).

Send Certification overnight express (attach **pre-paid** completed overnight envelope).

Other _____

Send Certification to the following address (include person and/or department name):

Institution or Company _____

Person and/or Department _____

Street _____

City _____ State _____ Zip _____

Fax Certification to the following number: _____

I authorize Suffolk University to release the information indicated to the above listed address or fax number.

Student Signature (required): _____ Date: _____