

## Request for Certification Letter



(Please use a separate form for each addressee.)

Mail or email this completed form to the following:

**Augusta University** Office of the Registrar

1120 15<sup>th</sup> Street  
Augusta, GA 30904  
T (706) 446-1430  
Email: registrar@augusta.edu

Student/ Alumnus Name

\_\_\_\_\_  
FIRST MIDDLE LAST NAME ENROLLED UNDER

Mailing Address: \_\_\_\_\_  
STREET

\_\_\_\_\_  
CITY STATE ZIP CODE

Email Address: \_\_\_\_\_@\_\_\_\_\_

Day Time Phone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Current student Identification Number (no dashes): \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Which college/ program you are or were enrolled in: \_\_\_\_\_

Are you presently enrolled?  YES  NO If no, last date enrolled: Term \_\_\_\_ Year \_\_\_\_

**Name & Address of the organization, insurance company, school, etc.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of certification letters to be issued to this address \_\_\_\_\_

I would like my letter(s) {Check one only}:

Issued now to above address  Held for pick up, or  Mailed back to the student/alumnus address

Other: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_