



REQUEST FOR CERTIFICATION SERVICES OFFICE OF THE UNIVERSITY REGISTRAR

Allow 2 business days processing time.

For current students and students who have left the University within the last 18 months, after you log into Bannerweb <https://bannerweb.richmond.edu>, go to "Student Services" and "National Student Clearinghouse" to complete the certification. For all others, please fill in the form and submit the completed form to the Registrar's Office.

SPECIAL INSTRUCTIONS FOR REGISTRAR'S OFFICE SUBMISSIONS: If you need the following added to your certification(s) please check:

- STUDENT'S SSN:** Student must sign and date "Student's Signature" section below.
- GPA:** Student must sign and date "Student's Signature" section below.
- GROUP NUMBER OR INSURANCE PLAN NUMBER:** Please provide this information. _____
- OTHER:** _____

Requestor: Student or Parent / Third Party (name) _____
 Student ID# (or last 4-digits of SSN) _____ Date _____
 Student Email _____ Student Phone # _____
 Requester Phone # (if requestor is not student) _____
 Student Name _____
LAST (Print) FIRST MIDDLE
 [* Name as used at the University of Richmond (if changed) _____]

I hereby request the following Certification(s): (please check)

Verifications:

- Enrollment for a given semester,**
Specify semester _____
(available after the first day of the semester)
- Pre-registration**
- Degree(s) awarded**
Specify degree _____ date _____
- Other** (please specify) _____
- Additional Instructions:** _____

Forms: (please attach, if applicable)

- Employment-related form**
- Automobile Insurance form**
- Health Insurance form**
- Loan Deferment form**
- Sibling Enrollment form**
- Other** (please specify) _____

Mail certification to: _____
 Street Address _____
 City _____ State _____ Zip _____

Hold for pick up (You may pick up your certification(s) after 2PM. Please allow two business days.)

Fax certification to: () _____; ATTN: _____

Student's Signature _____ Date: _____

By signing this request, I authorize the University of Richmond to release my GPA and/or SSN to the party or parties listed above.

RETURN COMPLETED REQUEST IN PERSON, BY MAIL, BY FAX, OR BY EMAIL
(ONLY PDF or JPG FILES OF THIS FORM WILL BE ACCEPTED IF SENT BY EMAIL):

Office of the Registrar
28 Westhampton Way
University of Richmond, VA 23173
FAX (804) 287-6578 • EMAIL registrar@richmond.edu

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|----------------------------|
| <u>For Office Use Only</u> |
| Date Processed _____ |
| Initials: _____ |