



Office of University Registrar

# LETTER OF CERTIFICATION REQUEST FORM

OFFICE USE ONLY:  
NAME: \_\_\_\_\_

Date Mailed	Issued To Student On:
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Today's Date

Fairfield ID # or SS #: \_\_\_\_\_

Name and Address:

Name	Last	First	M.I. or Maiden
No. and Street			
City	State	Zip Code	

<b>STUDENT'S STATUS</b>	
<input type="checkbox"/> Undergraduate	Class _____
<input type="checkbox"/> Graduate	

Student's Signature: \_\_\_\_\_

Reason for letter: \_\_\_\_\_

\_\_\_\_\_

Information to be included: \_\_\_\_\_

\_\_\_\_\_

Will pick up letter

Date \_\_\_\_\_

Mail \_\_\_\_\_

directly to: \_\_\_\_\_

\_\_\_\_\_