

Enrollment Certification Request Form

IPFW is an Affirmative Action/Equal Opportunity university.

Personal and Certification Information

Today's Date: Student ID Number:

Student Name:

Last: First: Middle:

Suffix: Maiden Name or Other Former Name:

What are you requesting?

Letter Insurance Form/Letter Other

Which semester are you certifying?

What information are you certifying?

Mail To: (Complete only if information is to be mailed or faxed)

Name:

Street Address:

City: State: Zip: Country:

FAX To: (Include Area Code)

Pick Up: (Please allow a minimum of 3 business days to process)

Date: Time: Morning Afternoon

Comments:

I affirm that I am the above named student. In compliance with Public Law 93-380, Family Education Rights and Privacy Act of 1974 (as amended), I hereby give my written consent and do therefore authorize IPFW to release my student information as noted.

Signature of Student: _____ Date: _____

Print, sign, date and fax this form to (260) 481-6110 to request enrollment certification.