

REQUEST FOR CERTIFICATION

Name:	AUID #:
Email:	Date:
Date Certification Needed:	Date of Birth:
Purpose of Certification (insurance coverage, parking reciprocity, scholarship approval, employment or volunteer opportunities, etc.) DO NOT USE THIS FORM FOR <u>TRANSFER LETTERS OF GOOD STANDING OR BAR CERTIFICATIONS.</u>	

Please indicate the type of certification that is required. Only check items that apply to your specific requirements:						
Currently Enrolled	Graduated	Full time JD	Part time JD	MLS	LLM	SJD
Complete Enrollment History: From: _____ To: _____						
Anticipated/Conferred Graduation Date: _____						
Other: _____						

How would you like to receive this certification?

Pick up in person:	Email to:
Fax to:	Mail to:

*If your certification request requires disclosing any of the following:
grades/GPA, class rank, LSAT score, confirmation of completed courses, etc.,
 you may also be required to fill out WCL's [Release Educational Records Request Form](#) to maintain compliance with FERPA regulations. If you believe your request might require FERPA protected student information, **we recommend students complete and submit both forms simultaneously to expedite processing.***

This form and documentation should be submitted to WCL Office of the Registrar at registrationservices@wcl.american.edu.