FISK UNIVERSITY
OFFICE OF THE REGISTRAR

CERTIFICATION FORM

PERSONAL DATA

STUDENT NAME: ________________________________

SOCIAL SECURITY NUMBER /STUDENT ID ________________________________

CURRENT ADDRESS: ________________________________________________

___________________   ___________________    ____________________
CITY  STATE  ZIP CODE

CURRENT PHONE NUMBER ____________________________

DATA REQUESTED (PLEASE CHECK APPLICABLE BOX):

☐  PRESENT ENROLLMENT

☐  ENROLLMENT HISTORY

☐  LETTER OF GOOD STANDING

☐  OTHER (PLEASE STATE INFORMATION NEEDED):

SUBMISSION METHOD (PLEASE INDICATE METHOD):

_____ Fax (LIST addressee name and number):

_____ Mail (LIST addressee name and mailing address):

_____ Pick up (DATE________ TIME__________)

STUDENT SIGNATURE ________________________________

TODAY’S DATE ________________

Revised 08/2013