MULTNOMAH UNIVERSITY

Letter of Certification Request

Print Student Name: _____ Box #: _____ Date:_____

All requests will include student's name; enrollment status (full-time, half-time or less than half-time; and academic period (current school year dates).

Certification to be addressed to: □ "To Whom it May Concern"

OR

□ _____

Please mail certification to: □ Student's Box

OR

□ _____

_____

_____

Additional information to be included (release form must be signed in order to include the following):

□ My cumulative GPA
□ The number of credit hours I am registered for this semester
□ My current semester schedule of classes
□ Other:_____

I, (print name) _____, give permission for Multnomah University, to release the information indicated above on this requested letter of certification.

_____ _____

Student Signature Date