HOFSTRA UNIVERSITY®
OFFICE OF ACADEMIC RECORDS
213 Memorial Hall
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Hempstead, New York 11549-1260

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# OFFICIAL CERTIFICATION FORM

**Our certification system is designed to expedite the sharing of academic information. We appreciate your accepting this certification form in lieu of specialized forms. Pursuant to the Family Education Rights and Privacy Act of 1974, information contained herein shall not be released to a third party without the written authorization of the student. Upon completion, please return this form to the Welcome Desk in 206 Memorial Hall**.

## STUDENT MUST COMPLETE SECTIONS A, B and C.

### SECTION A

Last Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

First Name ☐☐☐☐☐☐☐☐☐☐☐☐ Middle Initial ☐

Student ID ☐☐☐ — ☐☐ — ☐☐☐☐

_____ Student Signature

_____/_____/_____ Date

### SECTION B

Please mark the item number(s) to be certified:

- ❑ (1) Status: (a) Full-time (b) Half-time (c) Less than half-time
- ❑ (2) Enrollment Dates: Spring 20____
- ❑ (3) Enrollment Dates: Fall 20____
- ❑ (4) (a) Graduate or (b) Undergraduate
- ❑ (5) Expected Date of Graduation: Month: _____ Year: _____
- ❑ (6) Other (specify): _____

### SECTION C

- ❑ Hold completed form for student pickup (allow 4-6 days for processing)
- ❑ Fax completed form to: ( )_____
- ❑ Mail completed form to: (allow 6-10 days for processing)

Address: _____

### FOR OFFICE USE ONLY

1. Status: (a) Full-time (b) Half-time (c) Less than half-time
2. From: ___/___/___ To: ___/___/___
3. From: ___/___/___ To: ___/___/___
4. (a) Graduate or (b) Undergraduate
5. Expected Date of Graduation: Month: _____ Year: _____
6. Other: _____

I certify that the above is true and accurate as of this date:

Official University Seal