

Office of Academic Records and Registrar 213

Memorial Hall, 126 Hofstra University, Hempstead, NY 11549-1260 Phone: (516) 463-8000 (opt. 2) Fax: (516) 463-6421

OFFICIAL CERTIFICATION FORM

 $Our certification \ system \ is \ designed \ to \ expedite \ the \ sharing \ of \ academic \ information. \ We \ appreciate \ your \ acceptance \ of$ this certification form in lieu of specialized forms. Pursuant to the Family Educational 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, South Campus.

SECTION A	
Last Name	
First Name	Middle Initial
Student ID 70 —	
Student Signature	/ Date
SECTION B case mark the item number(s) to be certified: (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):	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:
SECTION C Hold completed form for student pickup. (Allow 4-6 business days for processing.) Fax completed form to: (Mail completed form to: (Allow 6-10 business days for processing.) Name:	I certify that the above is true and accurate as of this date: Official University Seal
Address:	