HOFSTRA
UNIVERSITY®

Office of Academic Records and Registrar
213 Memorial Hall, 126 Hofstra University, Hempstead, NY 11549-1260
Phone: **(516) 463-6738** Fax: **(516) 463-2157**

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.

STUDENT MUST COMPLETE SECTIONS A, B and C.

SECTION A

Last Name

First Name

Middle Initial

Student ID 70_ – __ – ____

_____ 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 business days for processing.)
- ❑ Fax completed form to: ( )_____
- ❑ Mail completed form to:
  (Allow 6-10 business days for processing.)

Name: _____
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

22386:1/10