

# CERTIFICATE OF ENROLLMENT REQUEST

Certificates not claimed within 30 days of printing will be discarded and must be reordered. Please allow 2-3 business days.

Date of Request: \_\_\_\_\_ Barry ID: \_\_\_\_\_ AND Last 4SN: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Division:    Full Time    Part Time

Current Status:    1L    2L    3L    4L

I would like to request a Certificate of Enrollment letter prepared for me stating my current status as a full-time or parttime student at the School of Law.

I will pick the letter up from the Registrar's Office

Please e u ] o letter to the following name/ u ] o    OE ••

Please ma the letter to the fdlowing address:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## OFFICIAL USE ONLY:

Current Term: \_\_\_\_\_

Date Processed: \_\_\_\_\_

BY: \_\_\_\_\_