CERTIFICATION REQUEST

This certification will be reported in accordance with the academic record as of the date prepared.

Name: _____ UT EID: _____

First Middle Last **(The name under which you were enrolled)**

Date of Birth: _____

Number of copies needed: _____

MARK an "X" on appropriate line from the MENU:

__ Current Enrollment with Dates for the Semester
__ Dates of Attendance (past semesters)
__ Next Semester Registration Status (only if registered)
__ Current Enrollment Status with Dates for the Semester (Full/Part time)
__ Dates of Attendance with Status (Past Semesters Full/Part time)
__ Classification
__ Major Field of Study
__ School/College (i.e. Liberal Arts)
__ Grade Point Average
__ Academic Standing
__ Texas Success Initiative (TSI) Status
__ Date Degree Expected
__ UT Degrees Earned
__ Print Student SSN

Other information: _____

I authorize the University of Texas at Austin to release the information indicated above.

_____ _____ _____

Student's Signature Date Student's Telephone Number

Address to which certification is to be mailed: **(Please PRINT)**

Name: _____ Name: _____

Address: _____ Address: _____

_____ _____

City/State/Zip: _____ City/State/Zip: _____

Mail this form to: The University of Texas at Austin, Office of the Registrar, Enrollment and Veteran Certification, PO Box 7216, Austin, TX 78713-7216 or fax to (512) 475-7520

For Office Use:

Signature verified by: _____ Date: _____

Notice Concerning Your Information

The Texas Public Information Act, with a few exceptions, gives you the right to be informed about the information the University of Texas at Austin collects about you. It also gives you the right to request a copy of that information and to have the University correct any of that information that is wrong. You may request to receive and review any of that information, or request corrections to it, by contacting the University's Public Information Officer, Office of Financial Affairs, PO Box 8179, Austin, Texas, 78713 (e-mail: cfo@WWW.utexas.edu).

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