

CENTRE COLLEGE

REQUEST FOR CERTIFICATION SERVICES REGISTRAR'S OFFICE

To obtain certifications after the add/drop period of each term, please refer to the National Student Clearinghouse (NSCL) link via Centre Net at <https://centrenet.centre.edu/ics>. After you log in, go to the student portal and "Enrollment Verification" in the Academic Records section of the portal.

SPECIAL INSTRUCTIONS FOR REGISTRAR'S OFFICE SUBMISSIONS: If you need the following added to your certification(s) please check:

- STUDENT'S SSN: Student must sign and date "Student's Signature" section below.
- GPA: Student must sign and date "Student's Signature" section below. An official transcript will then be enclosed with the certification.
- GROUP NUMBER OR INSURANCE PLAN NUMBER: Please provide this information. _____
- OTHER: _____

Requestor: Student or Parent / Third Party (name) _____

Student ID# (or SSN) _____

Date _____

Student Email _____

Daytime Phone # _____

Student Name _____

LAST (Print)

FIRST

MIDDLE

[* Name as used at Centre College (if changed) _____]

I hereby request the following Certification(s): (please check)

Verifications:

- Enrollment for a given term,
Specify term and year _____
(available after the first day of the term)

- Pre-registration
Specify term and year _____

- Enrollment for all terms
- Other (please specify) _____

Additional Instructions: _____

Forms: (please attach, if applicable)

- Employment-related form
- Automobile Insurance form
- Health Insurance form
- Loan Deferment form
- Sibling Enrollment form
- Other (please specify) _____

Mail certification to: _____

Street Address _____

City _____ State _____ Zip _____

Hold for pick up (You may pick up your certification(s) after 2PM. Please allow one business day.)

Fax certification to: () _____; ATTN: _____

Student's Signature _____ Date: _____

By signing this request, I authorize Centre College to produce a letter of certification (and an official transcript, if requested for reporting GPA) verifying the information requested above.

RETURN COMPLETED REQUEST IN PERSON, BY MAIL, or FAX:

Office of the Registrar
Centre College
600 W Walnut St
Danville KY 40422

FAX: 859-238-6226

For Office Use Only

Date Processed: _____

Initials: _____

