# Graduation Certification Request Form

Please allow a minimum of 3 business days for processing this form. **Only one copy will be provided per addressee.**

If multiple letters are requested they will be addressed “To Whom it May Concern” and it will be the student’s responsibility to distribute the letters to the appropriate parties.

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**Name:** ____________________________________________________________________________ **PID:** ____________________________________________________________________________

**Program:** ______________________________________ Please circle degree earned: MA MS MAT MEd EdS EdD PhD

**Your address:** ____________________________________________________________________________

__________________________________________________________________________________________________________________________________________ **E-mail address:** ____________________________________________________________________________

City State Zip Code

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**Please indicate the request being made:**

☐ **Please provide a letter stating my pending graduation status (pre-certification).**

This letter is provided prior to graduation certification and may state any missing degree and program requirements.

☐ **Please provide a letter stating my post graduation and certification status.**

This letter is provided post graduation certification. My degree audit shows all graduation requirements have been met.

☐ **Please complete the form attached**

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**Please provide a graduation certification letter/form to the following hiring official, county or school:**

**Title:** ____________________________________________________________________________

(You must specify a person’s name, county or school)

**Name of Organization:** ____________________________________________________________________________

**Address:** ____________________________________________________________________________

__________________________________________________________________________________________

City State Zip Code

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**Please indicate the delivery option you prefer:**

☐ I will pick up the letter from the Office of Graduate Affairs *(You will be notified via e-mail or phone when this document is ready for pick up)*

☐ Mail to my home address provided above

☐ Mail to the person or county address provided above

☐ Fax the letter to this phone number (____) _______________________________ Attention: _______________________________

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**Student Signature Required:** ________________________________ **Date:** ________________________________