

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 4SSN:	
First Name:		Last Name:	
Email Address:		Phone Number:	
Division: Full-1	ime 🗆 Part Time		
Current Status:	1L 🗆 2L 🗆 3L 🗆 4L		
•	uest a Certificate of Enrollmen student at the School of Law.	t letter prepared for me stating my current s	tatus as a full-
	\square I will pick the letter up from	n the Registrar's Office	
	 Please email letter to the formula 	ollowing name/email address	
	Please mail the letter to the	following address:	
Name			
Street Add	ress		
City, State,	Zip		
 Signature		 Date	
	(OFFICIAL USE ONLY:	
	Current Term: Date Processed:		RFV9/1/