KINGSBOROUGH COMMUNITY COLLEGE
The City University of New York

OFFICE OF THE REGISTRAR

2001 Oriental Boulevard | Brooklyn, New York 11235

Education Certification Request Form

Last Name	First Name	Social Security Number

Address **Apt. No.**

City **State** **Zip Code**

Please check the option that is applicable:

- ❑ **Current semester enrolled**
  (Full-time or part-time status will automatically be included)
- ❑ **Dates of current semester**
- ❑ **Actual graduation date**
- ❑ **Standard Dept. of Labor certification**
- ❑ **Current semester grades**
  (For students on permit only, all others should request a transcript)
- ❑ **Expected date of graduation**
  Please indicate _____

Briefly state additional information you are requesting regarding the current semester.
(It is NOT possible for the College to certify certain information such as personal or financial details.)

_____

_____

Date	Student's Signature

If picking up letter please check here: ❑

If letter is to be mailed please complete information below:

Name _____

Address _____

City _____ **State** ____ **Zip Code** _____

Please note Certification Letter Request Policies:

1. **All requests received are processed on a first come, first served basis.**
2. **Please allow 7-10 business days for processing.**
3. **Student's Photo I.D. is required to submit this form; therefore fax requests are not accepted.**
4. **Student's Photo I.D. and the Registrar's date stamped receipt must be presented to pick up completed requests.**
5. **Requests to certify multiple semesters cannot be processed; student must obtain a copy of his/her transcript.**

Revised 01/2008