

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 4 SN: _____

First Name: _____ Last Name: _____

Email Address: _____ Phone Number: _____

Division: Full Time Part Time

Current Status: 1L 2L 3L 4L

I would like to request a Certificate of Enrollment letter prepared for me stating my current status as a full-time or parttime student at the School of Law.

I will pick the letter up from the Registrar's Office

Please e u] o letter to the following name/ u] o OE ••

Please ma the letter to the fdlowing address:

Name

Street Address

City, State, Zip

Signature

Date

OFFICIAL USE ONLY:

Current Term: _____

Date Processed: _____

BY: _____