

**LETTER OF CERTIFICATION REQUEST FORM**

Submit to: 316 Johnston Hall  
101 Pleasant St. S.E.  
Mpls, MN 55414  
fax: (612) 625-6855

NAME \_\_\_\_\_  
(Please print)

ID # \_\_\_\_\_ PHONE # \_\_\_\_\_

University Assigned E-MAIL \_\_\_\_\_

MAJOR FIELD \_\_\_\_\_ DEGREE \_\_\_\_\_

ANTICIPATED DATE OF GRADUATION \_\_\_\_\_

\_\_\_\_\_ I WOULD LIKE TO PICK UP THE LETTER, CONTACT ME WHEN READY

\_\_\_\_\_ PLEASE SEND LETTER TO:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STUDENT ADDRESS: \_\_\_\_\_  
(if different from above)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I hereby authorize the Graduate School of the University of Minnesota to release the information specified above.**

STUDENT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

The Graduate School will send the Letter of Certification upon verification that all degree requirements have been satisfied.

NOTE: Letters of Certification are not released if there is a hold on the student's record.