

Request For Certification Services

The George Washington University
Office of the Registrar @
Colonial Central
Marvin Center Ground Floor
Phone: (202) 994-4900
Fax: (202) 994-0282

SUBMISSION INSTRUCTIONS:

If you are submitting your request in person, please visit the Office of the Registrar @ Colonial Central, on the Ground Floor of the Marvin Center on 21st Street NW.

If you are mailing your request, please submit it to: Office of the Registrar, 44983 Knoll Square, 2nd Floor, Ashburn, VA 20147

Current Name _____

GWid Number _____

Daytime Phone Number _____

Email Address _____

Certification Type

Letters We Can Write:

- Enrollment for a given semester
specify semester: _____
(available starting the first day of the semester)
- Registration (student must be registered at the time of request)
- Degree(s) awarded and date(s)
specify degree/date: _____
- Expected degree and date
specify degree/date: _____
- Invitation Letter **
specify visit or graduation: _____
- Other: _____

Forms You Must Provide:

(please specify the semester to be certified)

- Law School Bar or Pre-Legal Forms
- Automobile Insurance Forms _____
- Loan Deferment Forms _____
- Health Insurance Forms _____
- Common Application
- Other: _____

**You are strongly encouraged to print neatly or type the names for a Letter of Invitation to ensure proper spelling in the final letter.

Delivery Method (mail and faxes will be sent within three business days)

Hold for pick up (available for pick up after 2:00 PM on the third business day)

Fax Attention: _____ Fax Number: _____

Mail Address: _____

City: _____ State: _____ Zip Code: _____

By signing this request, I authorize The George Washington University to produce a letter of certification verifying the information requested above. I also understand that for certain law school forms, the Office of the Registrar may release an official transcript in lieu of or in conjunction with that form. By choosing to have my certification faxed, I understand that confidential information may not be transmitted securely and I agree to release the Office of the Registrar from any and all liability.

Signature (required) _____

Date _____

Internal Office Use
Completed By _____
Date Completed _____