VANDERBILT UNIVERSITY
Office of the University Registrar

Certification Request Form

Current Name: _____ **VU ID number:** ___**000**_____

Former Name: _____ **Birthdate:** _____

Email Address: _____ **Phone:** _____

Please select letter type:

Enrollment Verification (current semester) ____
Enrollment Verification (all semesters) _____

Degree Verification _____ *(only available if degree is posted on transcript)*

Please include an additional statement that:

The student is in good academic standing _____
The student has met the requirements for a good student discount _____
Other, please list: _____

Please send letter by email or fax to the address below:

Name or Agency: _____

Email Address: _____ Fax Number: _____

Or, please mail letter to the address below:

Name or Agency: _____

Street Address Line 1: _____

Street Address Line 2: _____

City: _____ State _____ Zip Code: _____ Country: _____

We are required by federal law to obtain your legal signature to authorize the release of information which is protected by FERPA. I authorize Vanderbilt University to release a letter with the requested information above.

Signature: _____ **Date:** _____
(Signature cannot be typed and must be hand-written)

Please send via email to:
transcripts@vanderbilt.edu

Or mail to:
Office of the University Registrar
Vanderbilt University
PMB 407701
Nashville TN 37240-7701