

REQUEST FOR CERTIFICATION

Please indicate the type of certification that is required. Only check items that apply to your specific requirements:

Currently Enrolled	Graduated	Full time JD	Part time JD	LLM	SJD
Complete Enrollment History:		From:	To:		
Anticipated/Conferred Graduation Date:					
Other:					

How would you like to receive this certification?

Pick up in person:	Email to:
Fax to:	Mail to:

If your certification request requires disclosing any of the following:

itcful IRC."encuu"tcpm."NUCV"ueqtg."eqphkt o cvkqp"qh"eq o rnvvgf"eqwtugu."gvel." you may also be required to fill out WCL's [Tgngcug"Gfwecvkqpcn" Tgeqt fu" Tgs wguv" Hqt o](#) to maintain compliance with FERPA regulations. If you believe your request might require FERPA protected student information, yg" tgeqo o gpf" uvwfgpvu" eq o rnvvg" cpf" uwd o kv"dqj" hqt o u"uk o wncpgqwun{"vq"gzrgfkvg"rtqeguukpi0

This form and documentation ~~will~~ J