

Request for SIUE Certification or Printout

A photo ID is required with student signature. Allow 3-5 Business Days.

Name: _____ Univ. ID# _____

Daytime Phone: () _____ - _____ Certification _____ Printout _____

Fall _____ Spring _____ Summer _____ Other _____

_____ Will pick up in Bursars Office _____ Fax to: (_____) _____ - _____

_____ Emailed to SIUE Email Address _____

_____ Mail to: _____

Signature: _____ Date _____

As requested by the Family Education Rights and the Privacy Act of 1974, I agree to hereby give my consent to SIUE to release the information.

OFFICE USE: Message by: _____ Date: _____

Completed by: _____ Date: _____ Checked by: _____ Date: _____

Picked up/faxed/ (e) mailed Initials: _____ Date: _____ **Put on spreadsheet** _____