

CERTIFICATION AND/OR RECORDS REQUEST

Student ID # _____

Today's Date _____

Student Name _____

Phone Number _____

REQUEST: Certification of Enrollment Immunization Records Other

Which Semesters: Fall Spring Summer Winterim

Which Year(s): _____

Form attached Will pick up Date to be picked up: _____

Please Mail/Fax to: _____

Email when ready _____@stu.sussex.edu
(Sussex Email)

Student Signature _____

**NOTE: Official enrollment certification for a current semester can only be done
AFTER THE 10TH DAY OF CLASSES.**

OFFICE USE ONLY

Date completed/sent _____ Unofficial Staff Initials _____

Date completed/sent _____ Official Staff Initials _____

Credits and Semester Certifying _____